MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(92-a)

08731

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 33 years 7 months 22 days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Edwards Apts., Brookfield + Whitelock St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emil Benesch

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1889

8. AGE: Years 61 | Months | Days | If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Teamster

11. Industry or business

FATHER
12. Name Joseph Benesch
13. Birthplace Austria

MOTHER
14. Maiden name Katie Kolinsky
15. Birthplace Austria

16. Informant Records of Spring Grove Hospital
Address Catonsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-23-39 (month) (day) (year)

Cemetery or crematory Hebrew Friendship

Location Balto Md

18. Funeral director David Sandhinn & Son
Address 902 Eutaw Pl Balto Md

19. 9/22/39 (Date rec'd later year) 19 [signature] Registrar

9-22-39

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22nd 1939, at 6:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19th 1936, to September 22 1939, and that I last saw him alive on September 22nd 1939.

Immediate cause of death	DURATION
Chronic Endocarditis	33 years
Due to Chronic Valvular Heart Disease	33 years
Due to	
Other conditions Schizophrenia.	33 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville, Md Date signed 9/22/1939

RECEIVED
OCT 9 1939
BUREAU V. S.

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08732

CERTIFICATE OF DEATH (83)

Reg. Dist. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Arbutus (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
1239 Leeds Terrace
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Arbutus (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1239 Leeds Terrace
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie Mary Jane Minnie Bleakley

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert Bleakley
6(c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): May 19, 1888
8. AGE: Years 51 Months 4 Days 6 If less than one day ____ hrs. ____ min.
9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: house keeper
11. Industry or business: Her own home
FATHER 12. Name: John Magee
FATHER 13. Birthplace: Ireland
MOTHER 14. Maiden name: Ann Davis
MOTHER 15. Birthplace: Ireland
16. Informant: Mrs Ann Chapman
Address: 1239 Leeds Terrace, Arbutus Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/27/39 (month) (day) (year)
Cemetery or crematory: Lorraine Park Cmetery
Location: Windsor Mill Rd.
18. Funeral director: Wm. Wilson & Son
Address: 2503 Edmondson Ave
19. Sept 26 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25 1939, at 7:39 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1938, to Sept 25 1939, and that I last saw her alive on Sept. 23 1939.

	DURATION
Immediate cause of death: General Paresis	9 months
Due to: Syphilis	uncertain
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation
Of autopsy: not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Joshua H. Armacost M. D. or other
Address Woodlawn Md Date signed Sept 25 1939

RECEIVED
OCT 2 1939
BUREAU V. S.

DR. McGEHN -

STATE CERTIFICATE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-A

Registered No. 08733

Reg. dist. #38

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 313 DUNKIRK RD

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County BALTO.

(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 313 DUNKIRK RD.
(If rural give location)

RODGERS FORGE

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RITA CATHERINE BLESSING

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JOHN HOWARD BLESSING

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 28, 1889

8. AGE: Years 50 Months — Days 27 If less than one day ..... hr. ..... min.

9. Birthplace BALTO., MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE.

11. Industry or business

FATHER
12. Name JOHN ADAMS
13. Birthplace UNKNOWN.

MOTHER
14. Maiden Name MATILIDA KOCH
15. Birthplace UNKNOWN

16 (a) Informant MR. J. H. BLESSING
(b) Address 313 DUNKIRK RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 5, 1939. (month) (day) (year)

(c) Cemetery or crematory WOODLAWN CEM.

Location GWYNN OAK AVE.

18 (a) Funeral director Mary M. Wiedefeld

(b) Address 307 E. 22nd St.

19 (a) 9/4/39 (Date rec'd by registrar) (b) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 2 1939, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1939, to Sept 2 1939, and that I last saw her alive on Sept 1st 1939.

Immediate cause of death Carcinomatosis

Due to Carcinoma of ovary

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis

Of autopsy None

Duration 8 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence No

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None While at work?
(Specify type of place)

(e) Means of injury None

23. Signature Jos. McGean

Address 705 Med. Arts Bld. Date signed 9/4/39 M.D.

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE LAIDLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 9 1939
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

08734

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (59)

County Balto Count — Registration Dist. No. 38

Village or City Parkville P.O. Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry S. Boone — If U. S. Veteran, specify WAR Worled

(a) Residence: No. Ellen Ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Mal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Boone

6. DATE OF BIRTH (month, day, and year) June 30 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sewing Machine Co.

10. Date deceased last worked at this occupation (month and yeer)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Charles Boone

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Nancy Grant

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Anna Boone (Address) Ellen Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Date Sept 29 19 39

19. UNDERTAKER Leonard Gluth (Address) 5305 Wenfield Road.

20. FILED 9/27, 19 39 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 26 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, to Sept. 26, 1939

I last saw him alive on Sept. 26, 1939; deeth is said to have occurred on the date stated above, at 1.40 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Coronary thrombosis	9/1/39
Chr. interstitial nyph.	1938
Diabetes mellitus	1932

Other **Contributory Causes** of importance:

Neme of operation none Date of —

What test confirmed diagnosis? Clinical Wes there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in eny way related to occupation of deceased? no

If so, specify

(Signed) A. M. Bacon M. D.

(Address) Parkville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attacks of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 20 1929 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08735

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (95-C)

County Baltimore — Registration Dist. No. 4

Village or City Edgemere Md — No. 203 Sparrows Pt Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Annie M. Boyer

(a) Residence: No. 203 Sparrows Point Rd St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sylvester Boyer

6. DATE OF BIRTH (month, day, and year): Sept 25/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Sabastine Rice

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Ann —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr Sylvester Boyer

(Address) 203 Sparrows Pt Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 2, 1939

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED Sept 30, 1939 Dawson L. Harlan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 28th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1939, to Sept 28, 1939

I last saw her alive on Sept 25th, 1939; death is said to have occurred on the date stated above, at 7.30 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937
Dther **Contributory Causes** of importance: Myocarditis	Sept 27th

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Frank C Eldred M. D.

(Address) Sparrows Point Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 5 1927

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08736

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs., 7 mos., 16 das.

Stay in this community (yrs., or mos., or days) 2 yrs., 7 mos., 16 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4907 Cordelia Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Florence Bradley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Herman Bradley

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): January 11, 1907

8. AGE: Yeare	Months	Days	If less than one day
32	7	29 30	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: Benjamin Frisch
13. Birthplace: Austria Hungary

MOTHER
14. Maiden name: Ida L. Woodall
15. Birthplace: Baltimore, Maryland

16. Informant: J. Frank Spalding
Address: Mt. Wilson, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 13, 1939 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Maryland

18. Funeral director: William J. Tickner & Sons

Address: North & Penna. Aves., Balto., Md.

19. Sept. 10, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 10, 1939, at 4.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25 1937, to Sept. 10 1939, and that I last saw her alive on September 10 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since Oct. 1929
Due to	
Due to	
Other conditions: Laryngeal Tuberculosis	Since Aug. 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed: 9/10/39

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08737

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. North Ave near Leeds St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Brauer If U. S. Veteran, specify WAR

(a) Residence: No. North Ave near Leeds St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Brauer

6. DATE OF BIRTH (month, day, and year): August 31-1868

7. AGE: Years 71 | Months — | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Plaster

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 52 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Brauer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): William C. Brauer Arbutus Md.

18. BURIAL, CREMATION, OR REMOVAL Place: London Park Date: Sept 28, 1939

19. UNDERTAKER (Address): George L. Schwab 2101 Frederick Ave.

20. FILED: Sept 26, 1939 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to Sept. 25, 1939

I last saw him alive on Sept 24, 1939; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertrophied and Enlarged Heart.

Date of onset

Other Contributory Causes of importance:

High Blood Pressure
Arterial Sclerosis
Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. J. Costello M. D.

(Address) 335 E. 31st St. Balto. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08738

STATE OF MARYLAND—CERTIFICATE OF DEATH

(23)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 1938

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Brockmeyer If U. S. Veteran, specify WAR No

(a) Residence: No. 1008 Aisquith St., Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Brockmeyer

6. DATE OF BIRTH (month, day, and year) June 1. 1888

7. AGE Years 51 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gas Company

10. Date deceased last worked at this occupation (month and year) Jany 1934

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Richard Brockmeyer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia Rauch.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Personal History--Hospital Records

Address Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Sept 20, 1939

19. UNDERTAKER Henry Hoeck & Sons Inc

(Address) 1301 E. Eager St

20. FILED Sept 17 1939 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 17, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1934 to Sept 17, 1939

I last saw him alive on September 17, 1939; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1933

Other Contributary Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08739

(52)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Oella, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton G. G. Brown If U. S. Veteran, specify WAR

(a) Residence: No. Oella Ave., Oella Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane E. Brown

6. DATE OF BIRTH (month, day, and year): Dec. 12, 1857

7. AGE: Years 81, Months 8, Days 26, If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Printer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): 8/25/35

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Goshen Maryland

FATHER

13. NAME: John L. Brown

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Gibson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mabel H. Brown Oella Ave. Oella Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date 9/11/39

19. UNDERTAKER (Address): F. C. Higinbotham Jr. Ellicott City Md.

20. FILED 9/10, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 8th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939, to Sept 8, 1939

I last saw him alive on Sept 8, 1939; death is said to have occurred on the date stated above, at 3 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Primary in skin of thumb. Multiple Sarcoma (Melanotic): Primary in skin of thumb, for which amputation was done. Followed by multiple skin sarcomata. Q.W.G.R.	1935?
Other Contributory Causes of importance: Gran Bronchitis, Pulmonary Oedema	5 days

Name of operation — Date of —

What test confirmed diagnosis? Previous operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thaut A. Miller M. D.

(Address) Ellicott City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08740

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Trining School

Stay in hospital or insf. (yrs., or mos., or days): 19 yrs. 3 mos. 5 d.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3023 Greenmount Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Belle Caplan

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White Jewish

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 4, 1907

8. AGE: Years 32 | Months 4 | Days 24 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Inmate

11. Industry or business:

FATHER
12. Name: David Caplan
13. Birthplace: Russia

MOTHER
14. Maiden name: Mary Chalin
15. Birthplace: Russia

16. Informant: Rosewood School records
Address: Owings Mills, Maryland

17. Burial Balto. Hebrew Cem. (Burial, cremation, or removal. Which?) Date thereof: 9/29/39 (month) (day) (year)

Cemetery or crematory: Hebrew Cem. Balto.

Location:

18. Funeral director: Jack Lewis Inc

Address: 1439 E. Balto St.

19. Sept. 28 1939 (Date rec'd by registrar) J. Grant Mallow M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 28 1939, at 5:55 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1, 1938, to Sept. 28, 1939, and that I last saw her alive on Sept. 27, 1939.

Immediate cause of death: Chronic Pulmonary Tuberculosis — DURATION: 2/1/39

Due to:

Due to:

Other conditions: Grand Mal Epilepsy (since 9 months of age) — 2/4/08
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Isabel H. McClintock M.D.
M. D. or other

Address: Rosewood, Owings Mills, Md. Date signed: Sept. 28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 3 1939
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

08741

(131)

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 31

Village or City Granite Md No. Woodstock College St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. — mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Casey If U. S. Veteran, specify WAR

(a) Residence: No. Woodstock College St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 15 - 1860

7. AGE 79 Years	1 Months	3 Days	If LESS than 1 day, hrs. or min.
79	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clergyman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Woodstock College Records Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL Place Woodstock Md. Date Sept. 21st, 1939

19. UNDERTAKER (Address) Bernard C. Harlow 121 E West St

20. FILED Sept 20, 1939. J. J. Milton Peel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 19, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Sept 19, 1939 that I saw him alive on Sept 16, 1939; death is said to have occurred on the date stated above, at 3:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	1
Hypertension	1
ch. nephritis	1

Other Contributory Causes of importance:

cardiac decompensation 6 weeks

Name of operation ✓ Date of —

What test confirmed diagnosis? Cl & Phy Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury, 19

Where did Injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Kyser M. D.

(Address) 3321 Fleet Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-D)

Reg. Dist. No. 40

08742

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Kingsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Sunshine Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 34 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Kingsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Sunshine Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Eva M. Clayton

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George E. Clayton

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan. 9th 1882

8. AGE: Years 57 Months 8 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name George R. Scarff

13. Birthplace Unknown

MOTHER 14. Maiden Name Cordelia Gorsuch

15. Birthplace Balto. Co. Md.

16 (a) Informant George E. Clayton

(b) Address Sunshine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1st 39 (month) (day) (year)

(c) Cemetery or crematory Fork M. E.

Location Balto. Co. Md

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) Sept 29-39 (Date rec'd by registrar) (b) W M Hammitt Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 29th 1939, at 5 20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1939, to Sept 29 1939, and that I last saw him alive on Sept 28 1939.

Immediate cause of death Myeloid Tumor of Spine & Cauterium

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter M Hammitt M. D. or other

Address Baldwin Date signed 9/29/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(4B)

18743

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Butler (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Butler Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Etta Missouri Cole

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Craven Thomas Cole

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3rd 1878

8. AGE: Years	Months	Days	If less than one day
61	0	22	hrs. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER 12. Name Elisha Bossom

FATHER 13. Birthplace Maryland.

MOTHER 14. Maiden name Barbara Wilhelm

MOTHER 15. Birthplace Maryland.

16. Informant { Thomas Franklin Cole (son) Mrs Wm Fowble (daughter)

Address Butler, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27-39 (month) (day) (year)

Cemetery or crematory Mt. Zion

Location 5th District

18. Funeral director Edw. L. Lipton

Address Hampstead, Md.

19. Sept 26 1939 (Date rec'd by registrar) C. E. Fowble M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25th 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1936 to Sept 25th 1939, and that I last saw her alive on Sept. 20th 1939.

	DURATION
Immediate cause of death Carcinoma of Stomach and Liver	3 yrs
Due to Ulceration of Stomach	4 yrs
Due to	
Other conditions Cardio-Nephritis	6 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Cyril E. Fowble, Md., M. D. or other

Address Upperco, Md. Date signed 9/25/39

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08744

(131)

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 month
Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town Aquasco Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert H. S. Connick

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Georgiana Gibbons died in 1918
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): February ? 1862
8. AGE: Years 77 Months 7 Days ____ If less than one day ____ hrs. ____ min.
9. Birthplace: Prince George's County (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Columbus Connick
13. Birthplace: Prince George's County
MOTHER
14. Maiden name: Rebecca Scott
15. Birthplace: Prince George's County
16. Informant: Records of Spring Grove State Hospital
Address: Catonsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 11 1939 (month) (day) (year)
Cemetery or crematory: Emanuel Church Cemetery
Location: Horsehead Maryland
18. Funeral director: Andrew J. Grimes
Address: PRINCE GEORGE Co Md
19. 9/9 1939 (Date rec'd by registrar) A. G. Andreae Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9th 1939, at 11:45 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8th 1939, to September 9 1939, and that I last saw him alive on September 9th 1939.

Immediate cause of death	DURATION
Acute Myocarditis	before 1939
Due to Chronic Interstitial Nephritis	before 1939
Due to Cirrhosis of the liver	before 1939
Other conditions Senile Psychosis	before 1939

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Serge Androp M. D. or other
Address: Catonsville, Md. Date signed 9/9. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08745

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Baltimore
City or town: Cockeysville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Masonic Homes of Md.
Stay in hospital or inst. (yrs., or mos., or days): 2 year
Stay in this community (yrs., or mos., or days): 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 401 Byrn St (Cambridge)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles N. Crowell

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Isabel (B. Crowell
January 1867 6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.): Feb 7 - 1861

8. AGE: Years 78 | Months 7 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace: Yonkers N. Y.
(Town, county, and state)
10. Usual occupation: Consulting Engineer
11. Industry or business:
FATHER
12. Name: Wallace L. Crowell
13. Birthplace: New Jersey
MOTHER
14. Maiden name: Jane Vanderhoven
15. Birthplace: New York
16. Informant: Laura M. Schroeder R. N.
Address: Masonic Home Cockeysville
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Sept 25/39 (month) (day) (year)
Cemetery or crematory: Christ Church (Cambridge)
Location:
18. Funeral director: Geo L. Beyer
Address: 1512 Hollins St.
19. Sept-24-39 (Date rec'd by registrar) Wilmer C. Ensor, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1939, at 11 25 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to Sept 22 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death	DURATION
Cerebral Haemorrhage	2 weeks
Due to Essential Hypertension	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. Schocket M. D. or other
Address: Cockeysville Md Date signed: Sept 22/39

Sept. 24 - 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08746

1. PLACE OF DEATH 509 Dunkirk Rd (82a)

County Baltimore Registration Dist. No. 38

Village or City Anneslie No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Paul F. Cullen

(a) Residence: No. 509 Dunkirk Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antoinette Cullen

6. DATE OF BIRTH (month, day, and year) August 26 1872

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
67	.	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

FATHER

13. NAME James Cullen.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Alice Porter Daughter

(Address) 509 Dunkirk Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Ellicott City Date 9/9/39 19

19. UNDERTAKER Harry H. Wittfeld

(Address) 4101 Edmondson Ave

20. FILED Sept 7, 1939 [illegible] Registrar.

Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 6th, 1939.

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15th, 1936, to Sept 6th, 1939.

I last saw him alive on September 6th, 1939; death is said to have occurred on the date stated above, at 4.45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other Contributory Causes of importance:

Arteriosclerosis

Hypertension.

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days): 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3604 Belvedere Ave. Baltimore (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Blanche Culley.

3. (b) Social Security Number

4. Sex: Fem.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Div.

6.(b) Name of husband or wife: Wm. W. Culley. (Div.)

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): June 13, 1894

8. AGE: Years 45 | Months 3 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business

FATHER
12. Name: Wm. Zimmerman
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Weller
15. Birthplace: Germany

16. Informant: Hosp. Record.

Address: Spring Grove State Hosp.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 28, 1939. (month) (day) (year)

Cemetery or crematory: Druid Ridge.

Location: Pikesville Md.

18. Funeral director: Wm. J. Tickner & Sons

Address: North & Penna Aves

19. 9/25 1939 (Date rec'd by registrar) H. Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 24, 1939, at about 9:05 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: acute Myocarditis — DURATION: 1 day

Due to: Exhaustion. — 2 day

Due to: Manic Depression psychosis — Sept 18 1939

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: Geo. W. Kieffer Deputy Medical Examiner

Address: 1010 Leeds Ave Sept 24, 1939 Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 30 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08748

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 8 yrs., 11 mos., 11 das.

Stay in this community (yrs., or mos., or days): 8 yrs., 11 mos., 11 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 2819 Guilford Avenue (If rural give LOCATION)

IF VETERAN, NAME WAR:

3. (a) FULL NAME: Miss Helen C. Cullison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 2, 1891

8. AGE: Years	Months	Days	If less than one day
48	6	20	hrs. min.

9. Birthplace: Unknown, Unknown, Maryland (Town, county, and state)

10. Usual occupation: Stenographer

11. Industry or business: Unknown

FATHER

12. Name: Harry C. Cullison

13. Birthplace: Unknown, Maryland

MOTHER

14. Maiden name: Barbara Eichorn

15. Birthplace: Unknown, Maryland

16. Informant: Louis R. Schuerholz

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 25, 1939 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cemetery

Location: Baltimore, Maryland

18. Funeral director: William J. Tickner & Son

Address: North & Penna. Aves., Balto., Md.

19. Sept. 22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1939, at 11:26 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11, 1930, to Sept. 22 1939, and that I last saw her alive on Sept. 22, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Since March 1925

Due to:

Due to:

Other conditions: Tuberculous Laryngitis — Since Sept. 1931

Toxic Myocarditis — Since Sept. 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed: 9/22/39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

46-C

Reg. Dist. No. 32

08749

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pikesville, md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution 401 Greenwood Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Stocksdale Downes.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband or wife Wm. B. Downes

6. (c) If alive, give age 79. years

7. Birth date of deceased (mo., day, yr.) May 22, 1864

8. AGE: Years 75 Months 3 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore County.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Thomas C. Stocksdale
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Eliza Cook
15. Birthplace Baltimore County.

16 (a) Informant Wm. B. Downes
(b) Address Pikesville, md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge Cem.

Location Reisterstown road.

18 (a) Funeral director William Berryman Sons

(b) Address Reisterstown, md.

19 (a) 9-12-39 (Date rec'd by registrar) (b) E E Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death September 11 1939, at 1045 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1938, to September 11 1939, and that I last saw him alive on Sept 10 1939.

Immediate cause of death	Duration
Carcinoma of Intestines	1 1/2 yrs
Due to Metastasis from Carcinoma of Carcinoma	
Due to	
Other conditions Secondary anaemia	1 year
Arteriosclerosis - Gangrene of left foot	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma found at operation April 1938
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E E Nichols
M. D. or other

Address Pikesville Md Date signed 9-12-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08750

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs., 0 mos., 22 das.

Stay in this community (yrs., or mos., or days): " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 701 S. Bond Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marie Duckert

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 15, 1919

8. AGE:

Years	Months	Days	If less than one day
20	2	23	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: Fred Duckert
13. Birthplace: Germany

MOTHER
14. Maiden name: Maggie (Last name unknown)
15. Birthplace: Germany

16. Informant: J. Frank Spalding
Address: Mt. Wilson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 11, 1939 (month) (day) (year)

Cemetery or crematory: St. Stanislaus Cemetery

Location: Baltimore, Maryland

18. Funeral director: H. Sander & Sons, Inc.
Address: Baltimore St. at Broadway, Baltimore, Md.

19. Sept. 7, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 7, 1939, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16, 1939, to Sept. 7 1939, and that I last saw h- er alive on Sept. 7, 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Unknown
Laryngeal Tuberculosis	"
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed: 9/7/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08751

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore (942) Registration Dist. No. 30

Village or City Pikesville No. Pikesville Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Edgar Eyler

(a) Residence: No. Pikesville Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud V. Derby Eyler

6. DATE OF BIRTH (month, day, and year) May 10 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retail Grocery

10. Date deceased last worked at this occupation (month and year) 9/15/39

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME William E. Eyler

14. BIRTHPLACE (city or town) (State or country) Mary Land

MOTHER

15. MAIDEN NAME Mary Helen Detzler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. J. E. Eyler (Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Sept 18, 1939

19. UNDERTAKER Easton & Boles (Address) Pikesville Md.

20. FILED 9/18, 1939 Lyle Langhum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 15 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; deeth is said to have occurred on the date stated above, at 7 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were es follows:

	Date of onset
Coronary Thrombosis	

Other **Contributory Causes** of Importance:

sudden death	

Name of operetion Inquiry Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased? no

If so, specify

(Signed) Geo. J. McGuire M.D. Coroners Deputy

(Address) 1010 Lexington Bldg. Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08752

CERTIFICATE OF DEATH

93C

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 4 days

Stay in this community (yrs., or mos., or days) 1 yr. 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Sorrento ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Fisher

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Louise Niemeyer Fisher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19th 1859

8. AGE: Years 80 Months 5 Days 28 If less than one day hrs. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Frank Fisher

13. Birthplace Germany

MOTHER 14. Maiden name Doris Braud

15. Birthplace California

16. Informant Records of Spring Grove Hospital

Address Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/19/39 (month) (day) (year)

Cemetery or crematory Baltimore

Location North Ave. & Gay St.

18. Funeral director Harry H. Mitzke

Address 4101 Edmondson ave

19. 9/19 1939 (Date rec'd by registrar) H. C. Andreae Registrar Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17th 1939, at 9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 13 1938, to September 17 1939, and that I last saw him alive on September 17th 1939.

Immediate cause of death Chronic Myocarditis before 1938 DURATION

Due to Generalized Arteriosclerosis before 1938

Due to

Other conditions Senile Psychosis before 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville, Md Date signed 5/17/39

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OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08753

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Baltimore
City or town Fowblesburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Fowblesburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Fowble

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Mary K Fowble
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5-1859

8. AGE:

Years	Months	Days	If less than one day
79	9	10	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business own farm
FATHER 12. Name Samuel Fowble
13. Birthplace Maryland
MOTHER 14. Maiden name Lydia Leight
15. Birthplace Maryland
16. Informant Mr Hardy Annacost
Address Upperco, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 17/39 (month) (day) (year)
Cemetery or crematory St Pauls
Location Arcadia Md
18. Funeral director Edw Crapton
Address Hampstead, Md
19. 9/16/ (Date rec'd by registrar) 1939 J. Fr. Miller Reg Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 6½ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1939, to Sept 15 1939, and that I last saw h/M alive on Sept 14 1939.

Immediate cause of death	DURATION
Coronary thrombosis	Sudden
Due to arteriosclerosis	
Due to hypertension	
Other conditions Myocarditis - chronic	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James L. Saffell M. D. or other
Address Reisterstown, Md Date signed 9/15/39

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OCT 3 1939
BUREAU V. S.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (131)

08754

REGISTERED NO. 31

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH Baltimore County Maryland

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha Franck

(a) RESIDENCE NO. 2651 Wilkens av St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Franck

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 70 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Daniel Franck

(Address) 2651 Wilkens av

15 Filed Sept 29, 1939 J. J. Mullen Reg

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1939

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1939, to Sept 28, 1939, that I last saw h.. alive on Sept 28, 1939, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

I (a) Cerebral Thrombosis

(b) Senile Psychosis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Indefinite yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Gundrum, M. D.

Sept 29, 1939 (Address) 4309 Gibraltar Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Oct 2nd 1939

20 UNDERTAKER A. Jones — ADDRESS W. L. Gilman

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

(Approved by U. S. Census and American Public Health Asso.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if possible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

RECEIVED OCT 2 1939 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08755

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Relay, No. Rolling Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas A. Gallagher If U. S. Veteran, specify WAR

(a) Residence: No. Rolling Road, Relay, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 66

6. DATE OF BIRTH (month, day, and year) February 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pullman Conductor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thomas A. Callagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Maria Griffith

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

17. INFORMANT Mrs. Richard E. Stapleton (Address) Relay, Maryland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Baltimore Cemetery Date 9/11/39, 19

19. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Penna. Avenues

20. FILED Sept 11, 1939 G. Kauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 8th (Month) 1939 (Day), 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 1915, to September 8th, 1939

I last saw him alive on Sept. 7th 1939; death is said to have occurred on the date stated above, at A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 years
hypertension - to chronic nephritis	

Other Contributory Causes of Importance:

Myocardial failure	?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following: ✓

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ✓

(Signed) Frederick J. Beutler M. D.

(Address) Relay - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED OCT 2 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Sutter

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-m) Reg. Dist. No. 30

CERTIFICATE OF DEATH

08756

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodlawn.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Liberty Hghts Rd Villa Nova
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mt Hope Rd & Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Gamber

3 (b) If veteran, name war no
3 (c) Social Security No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ary R. Bowers
6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 1870

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace - unknown
(Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business

FATHER
12. Name - unknown Gamber
13. Birthplace - unknown

MOTHER
14. Maiden Name ? Haines
15. Birthplace - unknown

16 (a) Informant Charles D. Gamber
(b) Address Alberton, Howard Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Deer Park Cem.
Location Deer Park Road near Oakland

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) 9/7/39 (Date rec'd by registrar) (b) [signature] Registrar
Deputy

MEDICAL CERTIFICATION

20. Date of death Sept 5 1939 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Crushed Skull
Due to fractured left leg
Due to fractured right hip
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 5 1939.
(c) Where did injury occur? Liberty Hghts Rd Balto Co. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public road (Specify type of place) While at work? no
(e) Means of injury Hit by automobile

23. Signature Geo M Kieffer Deputy Med Exam of Balto (M. D. or other)
Address 1010 Leeds ave Date signed Sept 6, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1939
CAPITAL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08757

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 8 days.
Stay in this community (yrs., or mos., or days): 8 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1338 James St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Grace Gasunas
3. (b) Social Security Number: GASUNAS

4. Sex: Fem.
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband ~~or wife~~: Alexander Gasunas
6(c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years: 40 Months: Days: If less than one day ___ hrs. ___ min.

9. Birthplace: Lithuania (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: ?
13. Birthplace: Lithuania
MOTHER 14. Maiden name: ?
15. Birthplace: Lithuania.
16. Informant: Hosp. record.
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-25-39 (month) (day) (year)
Cemetery or crematory: Holy Redeemer Cem.
Location: Blair Rd
18. Funeral director: Joseph Kosinskas Inc
Address: 602 Wash. Blvd
19. 9/21 1939 (Date rec'd by registrar) H. Gardner Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21 1939, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14 1939, to Sept. 21 1939, and that I last saw her alive on Sept. 21 1939.

Immediate cause of death: Acute myocarditis — DURATION: 2 days
Due to: Exhaustion — 2 days
Due to: Manic depressive — 6 weeks
~~Other conditions~~: Psychosis, Manic type
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? ___ (City or town) ___ (County) ___ (State)
Injured at home, farm, industry, public place (where?) ___
Means of injury ___ Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M.D. or other
Address: Spring Grove State Hosp. Catonsville, Md. Date signed 9-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 26 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08758

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 607 Cokesbury Rd. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Milton E. Gerber If U. S. Veteran, specify WAR

(a) Residence: No. 607 Cokesbury Rd. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kathryn M Gerber

6. DATE OF BIRTH (month, day, and year): Feb 27 1881

7. AGE: Years 58 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Steam Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Johnathan P. Gerber

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Annie S Elling

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Kathryn M. Gerber 607 Cokesbury Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 9/23, 1939

19. UNDERTAKER: Geo. A. Faulkner

(Address) Catonsville Md

20. FILED 9/22, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 20, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 1937 to September 1939

I last saw him alive on September 20, 1939; death is said to have occurred on the date stated above, at 2 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Carcinoma of the pancreas with abdominal metastases.	

Other Contributory Causes of importance:

Cachexia and secondary anemia.

Nama of oparation: Explorotory laparotomy Date of: 8/9/39

Whet tast confirmad diagnosis? Biopsy Was thera an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, spacify

(Signed) J. M. E. Bayne M. D.

(Address) 5508 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes** of importance:		Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
SEP 26 1939
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(147)

08759

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Balto Co
City or town: Woodlawn (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5813 Gwynn oak Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Balto
City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Woodlawn (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No 5813 Gwynn Oak Ave

3. (a) FULL NAME: C. Harry Gerhold

3. (b) Social Security Number: 218-01-7387

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Grace E Gerhold
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Oct 25th 1884

8. AGE:

Years	Months	Days	If less than one day
54	10	15	hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Supt.
11. Industry or business: Clothing
FATHER 12. Name: Carl Gerholdt
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Mary Hopf
MOTHER 15. Birthplace: Germany
16. Informant: Norman S Gerhold
Address: 5813 Gwynn Oak Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13/39 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem
Location: Baltimore
18. Funeral director: John Ulrich
Address: 2008 Allens St
19. Sept 11 1939 (Date rec'd by registrar) J J Miller Pied Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 10 about 1939, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Guy shot himself in
Due to: head pistol
Due to: self inflicted
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: suicide Date of: Sept 10 39
Where did injury occur? (City or town) Balto (County) Md. (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Theo Kieffer Deputy Med Exam of Balto Co M. D. or other
Address: 610 Leadon Date signed: Sept 11 39

RECEIVED
SEP 22 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08760

1. PLACE OF DEATH (8R)

County Balto. Registration Dist. No. 38

Village or City Parkville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Anna Geyer If U. S. Veteran, specify WAR

(a) Residence: No. 8503 Harford Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-24-1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME William A Geyer

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

MOTHER

15. MAIDEN NAME Glennie Frazier

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT William A. Geyer
(Address) 8503 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 9/19, 19 39

19. UNDERTAKER Leonard C Ruck
(Address) 5305 Harford Rd.

20. FILED 9/16, 39 G. W. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 15 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 39, to Sept. 15, 19 39

I last saw h[illegible] alive on Sept. 15, 19 39; death is said to have occurred on the date stated above, at 10:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Epilepsy - Jacksonian	[redacted]
Status epilepticus	9-15-39

Other Contributory Causes of Importance:

—

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

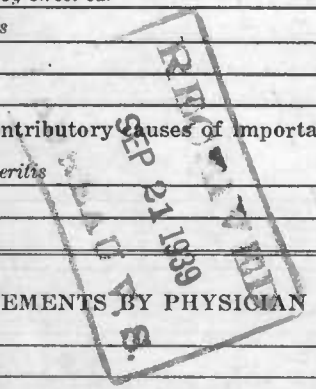
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-11)

08761

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto
City or town: Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Halethorpe on Brook
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 75yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: B & O R R
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lydia a Gibson

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: Joseph L Gibson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 7 1856

8. AGE:

Years	Months	Days	If less than one day
82	11	13	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business: Home

FATHER
12. Name: John Galloway
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown

16. Informant: Albert a Gibson
Address: 211 England ave Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22 39 (month) (day) (year)
Cemetery or crematory: Greenmount
Location: Balto Md

18. Funeral director: Easton & Sons
Address: Ellicott city

19. Sept 21 1939 (Date rec'd by registrar) Geo Kieffer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1939, about 12-20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Head Crushed and body mangled

DURATION

Due to: hit by train B & O RR

Due to: Struck by moving train

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Sept 20 39
Where did injury occur? Halethorpe Baltimore (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Railroad B & O
Means of injury: Hit by train Injured at work? no

23. SIGNATURE: Geo W Kieffer Deputy Med Exam M. D. or Coroner
Address: 1010 Leadenhall Date signed: Sept 21, 39

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OCT 2 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08762

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 0 yrs., 3 mos., 22 das.
Stay in this community (yrs., or mos., or days) 0 yrs., 3 mos., 22 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2508 N. Charles Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John R. Gilchrist

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1915

8. AGE: Years	Months	Days	If less than one day
24	1	18	hrs. min.

9. Birthplace: Swissvale, Pennsylvania (Town, county, and state)
10. Usual occupation: Lubrication Engineer
11. Industry or business: Crown Cork & Seal Company

FATHER
12. Name: William Gilchrist
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary Gwyer
15. Birthplace: Pittsburgh, Pennsylvania

16. Informant: J. Frank Spalding
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 19, 1939 (month) (day) (year)
Cemetery or crematory: Cathedral Cemetery
Location: Baltimore, Maryland

18. Funeral director: Frank V. Pipitone
Address: 2818 E. Baltimore St., Balto., Md.

19. Sept. 16, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 16, 1939, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25, 1939, to Sept. 16, 1939, and that I last saw him alive on September 16, 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: Since Dec. 1936
Due to:
Due to:
Other conditions: Pulmonary Hemorrhage — Since 9/12/39
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D. or other
Address: Mount Wilson, Md. Date signed: 9/16/39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (120)

Reg. Dist. No. 21

08763

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore.

(b) City or town Randallstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Chatsworth Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Randallstown. (If outside city or town limits, write RURAL and give town)

(d) Street No. Chapman Rd & Offutt (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Elizabeth D. Greenwalt

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John Joseph Greenwalt

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) July-29-1866

8. AGE: Years 73 Months 2 Days 1 If less than one day ____hr. ____min.

9. Birthplace Baltimore. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Frank

FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Charles Greenwalt

16 (b) Address Chatsworth Rd. Randallstown, Md.

17 (a) Mt. Olivet (Burial, cremation, or removal) Rural (b) Date thereof 10/2/39 (month) (day) (year)

17 (c) Cemetery or crematory Mt. Olivet Location Randallstown. Md

18 (a) Funeral director Frank A. Newell

18 (b) Address Pikesville. Md

19 (a) Oct 1 1939 (Date rec'd by registrar) (b) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 30 19 39, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Sept 30 1939, and that I last saw him alive on Sept 30 1939.

Immediate cause of death	Duration
Entero-Colitis	1 days
	0
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin M. D. or other

Address Randallstown Date signed 9/30/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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08764

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. X 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alvera Kay Gremons If U. S. Veteran, specify WAR

(a) Residence: No. 631 N. Duncan St St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Infant.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 11, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 1/2	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Gremons

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Rose Giardina

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Personal History--Hospital Records
(Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date 9/27, 1939

19. UNDERTAKER (Address) Chas. B. Kuchauskas 634 North Bond

20. FILED Sept 25 1939 [illegible] Registrar.
Deputy Nocal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 24. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Sept 24, 1939.

I last saw her alive on Sept 24, 1939; death is said to have occurred on the date stated above, at 8:05 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	Sept 18 1938,
Other Contributory Causes of importance:	
Pulmonary Tuberculosis	Feb. 1938.

Name of operation — Date of —

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Kuchauskas

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08765

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (157)

County Balto. Registration Dist. No. 40

Village or City Hyde Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert L. Guy If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	B.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 8th 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Amos. B. Guy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Castelow

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Amos. B. Guy (Address) Hyde Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Sept. 19, 1939

19. UNDERTAKER Clarence E. Arthur (Address) Fork Md.

20. FILED Sept 18, 1939 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 17 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1939 to Sept. 17, 1939

I last saw her alive on Sept 17, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify

(Signed) Clifford F. Hudson M. D.

(Address) Fork Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 210-m

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
County: Balto
City or town: Ford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Glen-Arm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Evelyn Gwynn

3. (b) Social Security Number

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec. 13, 1933

8. AGE: Years: 5 Months: 9 Days: 4 If less than one day hrs. min.

9. Birthplace: Baltimore - Md (Town, county, and state)
10. Usual occupation: Scholar
11. Industry or business

FATHER
12. Name: Raymond Gwynn
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Chew
15. Birthplace: Md

16. Informant: Raymond Gwynn
Address: Glen-Arm Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-21-39 (month) (day) (year)
Cemetery or crematory: Mt. Zion Cem
Location: Long Green - Md

18. Funeral director: Mrs Frances A. Hemsley
Address: 578 N. Biddle St.

19. Sept 19-39 19 W M Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 18th 1939, at 4-45 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and ~~that I last saw h~~ alive on 19 .

Immediate cause of death: dislocation of cervical vertebra, being struck by Auto on Harford Rd

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~: Accident Date of 9-18-39
Where did injury occur? Ford (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?): on road
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: W. T. Ellis Dept P.M. Ex
M. D. or other
Address: Pasadena Md Date signed 9-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E)

Reg. Dist. No. 30

08767

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Oella, Md
(a) County Baltimore
(b) City or town
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Oella, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Caleb Hall

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nettie Hall

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1862

8. AGE: Years 77 Months 7 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Oella Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Caleb Hall
13. Birthplace Oella Md

MOTHER
14. Maiden Name Eliza Fuller
15. Birthplace Elkridge, Md

16 (a) Informant Nettie Hall
(b) Address Oella Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Gilboa
Location Oella, Md.

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 9/27/39 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death Sept 21 1939 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to Sept 20 1939, and that I last saw him alive on Sept 21 1939.

Immediate cause of death Uremia

Due to Cardio-renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 24 hrs several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Albert Harden
M. D. or other

Address 102 Winter, Catonsville Date signed 9-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T) (M)

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OCT 3 1939
BUREAU V. S.

08768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maple Grove Nursing Home

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days) 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3552 Horton St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Harkum

3. (b) Social Security Number None

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James S.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 19, 1862 ~~Sept 19, 1939~~

8. AGE: Years 77 Months 6 Days 0 If less than one day ____ hrs. ____ min.

9. Birthplace Phila Pa (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Geo Sinclair
13. Birthplace Unknown

MOTHER
14. Maiden name Ada E.
15. Birthplace Unknown

16. Informant Edwin A Harkum

Address 3552 Horton St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 21/39 (month) (day) (year)

Cemetery or crematory St Paul (Bochmans)

Location Balto.

18. Funeral director William Cook

Address 1217 St Paul St

19. 9/19 1939 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1939, to Sept 19 1939, and that I last saw her alive on Sept 18, 1939

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to

Other conditions Cardio-vascular renal disease
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Samuel Rubin M.D.
M. D. or other

Address 203 Calapsco Ave Date signed 9/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93C)

CERTIFICATE OF DEATH

08784

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital, Towson
Stay in hospital or inst. (yrs., or mos., or days): 26 days
Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 406 Markland Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: --

3. (a) FULL NAME
Harner, George Latimer

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Flora K. Harner
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): May 11, 1869

8. AGE: Years: 70 Months: 4 Days: 1 If less than one day: hrs. min.

9. Birthplace: Pottstown, Montgomery County, Pa.
(Town, county, and state)
10. Usual occupation: scale repair man
11. Industry or business:
FATHER
12. Name: George L. Harner
13. Birthplace: Pottstown, Pennsylvania
MOTHER
14. Maiden name: Sarah Stanley
15. Birthplace: Pottstown, Pennsylvania
16. Informant: Hospital records
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 15, 1939 (month) (day) (year)
Cemetery or crematory: Parkwood Cemetery
Location: Baltimore, Md.
18. Funeral director: Wm Cook
Address: 1217 St. Paul St.
19. Sept. 12 1939 (Date rec'd by registrar) W. Carroll Vanstorm Deputy Registrar

MEDICAL CERTIFICATION

12.50

20. DATE OF DEATH: September 12 1939, at P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16th 1939, to September 12, 1939, and that I last saw him alive on September 12 1939.

Immediate cause of death: Arteriosclerotic coronary disease — DURATION: 3 yrs.
Due to:
Due to:
Other conditions: Fibrous Myocarditis — Unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M.D. M. D. or other
Address: Towson, Maryland Date signed: 9-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08769

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Randallstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William G. Harvey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Fannie M. Harvey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2nd, 1872

8. AGE: Years	Months	Days	If less than one day
76	11	26	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Andrew Harvey
13. Birthplace Md.

MOTHER
14. Maiden name Catherine Latchford
15. Birthplace Md.

16. Informant Mrs. Fannie M. Harvey

Address Randallstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept. 20, 1939
(month) (day) (year)

Cemetery or crematory Mt. Olive

Location Randallstown, Md.

18. Funeral director [illegible]

Address [illegible] Md.

19. Sept 18 1939 Wm E Martin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1939, to Sept 18 1939, and that I last saw her alive on Sept 18 1939

Immediate cause of death Coronary Occlusion — DURATION 1 wk

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin
M. D. or other

Address Randallstown Date signed 9/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08770

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. 525 Park Av St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Evelyn Hamilton Herring If U. S. Veteran, specify WAR none

(a) Residence: No. Towson St., Ward. Towson

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer E. Herring

6. DATE OF BIRTH (month, day, and year) July-27-1863

7. AGE Years 76 Months 1 Days 19 If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Hamilton

14. BIRTHPLACE (city or town) Belfast (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Langford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Gladys H Moore (daughter) (Address) Towson

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place London Pk Balto Date Sept 18/39

19. UNDERTAKER Stewart Morrison Co. (Address) 108 W Mont Ave

20. FILED Sept 16, 1939 M. Daniel Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1936, to 9/15, 1939

I last saw her alive on 9/15, 1939; death is said to have occurred on the date stated above, at 4 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/13/39

Other Contributory Causes of importance: Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) C. H. Reese M. D.

(Address) 6701 York Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08771

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltr. Registration Dist. No. 38

Village or City Cuney No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hoeschele If U. S. Veteran, specify WAR no

(a) Residence: No. 9213 Harford Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hoeschele

6. DATE OF BIRTH (month, day, and year) Jan 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	1	

OCCUPATION

8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. American

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Nursery.

10. Date deceased last worked at this occupation (month end year)

11. Total tima (yeers) spant in this occupation

12. BIRTHPLACE (city or town) Baltimore Md

(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(Stata or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(Stata or country)

17. INFORMANT Elizabeth Hoeschele

(Address) 9213 Harford Road.

18. BURIAL, CREMATION OR REMOVAL

Place Parkwood Date 9-23, 1939

19. UNDERTAKER Leonard Mark

(Address) 2305 Harford Road.

20. FILED 9/20, 1939 C. M. Bacon

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 20, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Oct 16, 1937 to Sep 20, 1939

I last saw h[illegible] aliva on Sep. 20, 1939; death is said to have occurred on the date steted abova, at 5:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Chron. Myocarditis	Several Years.
Dther Contributory Causes of Importance: Cardiac Asthenia	

Nama of operetion Data of

What test confirmed diegnosis? Was there an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of dacaased? No

If so, spacify

(Signad) Walter W. White Jr M. D.

(Addrass) 2900 E Pratt St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08772

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 4

Village or City Halethorp P.O. — No. Old Washington Rd. & Lincoln RD. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clarence Julius Hofmann — If U. S. Veteran, specify WAR ____

(a) Residence: No. Old Washington Rd. & Lincoln Ave. Ward. ____
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma I. Hofmann

6. DATE OF BIRTH (month, day, and year) Oct. 8th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baltimore Co.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Highway Dep't

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Julius R. Hofmann

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Iglehardt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Howard Hofmann
(Address) 2525 James St. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 5, 1939

19. UNDERTAKER William J. Tickner & Sons
(Address) North & Pennsylvania Aves.

20. FILED Sept 4, 1939 Geo Kieffer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 2nd, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1939 to Sept 2, 1939

I last saw him alive on Sept 2, 1939; death is said to have occurred on the date stated above, at 8:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	April 1939

Other Contributory Causes of Importance:

Name of operation Incised Gland Date of 7/8/39

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Indian Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Jo[illegible] Frederick Rd.
3432

STATE OF MARYLAND—CERTIFICATE OF DEATH

08773

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 4 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Huchthausen If U. S. Veteran, specify WAR

(a) Residence: No. 3414 Gough St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) April 11, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baxter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME August Huchthausen

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Personal History--Hospital Records (Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept 6, 1939

19. UNDERTAKER John Ulgrick (Address) 2007 Orleans St

20. FILED Sept 5, 1939 Edward Carroll Lankford Deputy Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 3 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939 to Sept 3, 1939

I last saw h[illegible] alive on Sept 3, 1939; deeth is seid to heve occurred on the dete steted ebove, et 2.30 P. m.

The **PRINCIPAL CAUSE OF DEATH** end releted causes of importence were es follows:

	Date of onset
Pulmonary TBC.	1924

Other **Contributory Causes** of importence:

Neme of operetion Dete of

What test confirmed diegnosis? Sputum & Xray Wes there en eutopsy? No.

23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in eny way releted to occupetion of deceesed?

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (71-a)

Reg. Dist. No. 38

CERTIFICATE OF DEATH

8774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Minnie T. Hudson

3 (b) If veteran, name war: ----------

3 (c) Social Security No.: ----------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur M. Hudson

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.): June 19th. 1883

8. AGE: Years 56 | Months 2 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: Theodore Loose
13. Birthplace: Germany

MOTHER
14. Maiden Name: Wilhelmina Brunk
15. Birthplace: Germany

16 (a) Informant: Arthur M. Hudson
(b) Address: 2904 Linwood Ave. Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/39 (month) (day) (year)
(c) Cemetery or crematory: Lewes M.E. Cemetery
Location: Lewes, Delaware

18 (a) Funeral director: Fred Bosselman & Sons
(b) Address: 7401 Belair Road

19 (a) 9/10/39 (Date rec'd by registrar) (b) G. W. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 9th. 19 39 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9 19 38, to Sept. 9 19 39, and that I last saw him alive on Sept 8 19 39.

Immediate cause of death	Duration
Pernicious Anaemia	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: F Lws. F A Stevens M.D (M. D. or other)
Address 2878 Harford Rd Date signed 9-10-39

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08775

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (63)

County Baltimore Registration Dist. No. 38

Village or City Parkville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Jagey If U. S. Veteran, specify WAR

(a) Residence: No. Putty Hill Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-1-1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto City
(State or country)

FATHER

13. NAME Charles Jagey

14. BIRTHPLACE (city or town) Balt
(State or country) Md.

MOTHER

15. MAIDEN NAME Doris Leight

16. BIRTHPLACE (city or town) Balt
(State or country) Md.

17. INFORMANT Charles Jagey
(Address) Summit Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Date Sept 21 19 39

19. UNDERTAKER Leonard J Ruck
(Address) 5305 Harford Road

20. FILED 9/19, 1939 A. M. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939, to Sept 18, 1939
I last saw h.. alive on Sept 18, 1939; death is said to have occurred on the date stated above, at 5:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Marasmus	Aug 18, 1939

Other Contributory Causes of importance:
Rickets

Name of operation Date of

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any wey related to occupation of deceased?
If so, specify

(Signed) Nathan Janney M. D.
(Address) 710 E. Harford Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08776

(82a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Reisterstown, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary C. James If U. S. Veteran, specify WAR

(a) Residence: No. Reisterstown Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William M. James,

6. DATE OF BIRTH (month, day, and year) January 15.1854

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known,

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. L.F. Donnelson, (Address) 3018 Oakhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 8, 1939

19. UNDERTAKER Geo W. Little (Address) 2700 Edmondson Ave.

20. FILED Sept. 5, 1939 J. Paul Miller M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Approx Aug 15, 1939, to Sept 5, 1939

I last saw her alive on Sept 5, 1939; death is said to have occurred on the date stated above, at 5 15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/5/39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. F. Crushar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUL 13 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(185)

08777

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Balto
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Gregory Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Gregory Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Jenkins (JENKINS.)

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Florence V. Jenkins.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown.

8. AGE: Years: About 55 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington Co Maryland (Town, county, and state)
10. Usual occupation: Steel Worker.
11. Industry or business: Construction
FATHER
12. Name: Alexander Jenkins
13. Birthplace: Virginia
MOTHER
14. Maiden name: Martha Peachee
15. Birthplace: Maryland.
16. Informant: Chas L. Jenkins Jr.
Address: 2523 Delaney St Balto.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 29, 1939 (month) (day) (year)
Cemetery or crematory: Meadowridge Cem
Location: Eckridge Howard Co
18. Funeral director: Easton Sons
Address: Ellicott City
19. 9/28 1939 (Date rec'd by registrar) H. C. Andrews Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 27 1939, at 3:15 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Accident, head cut in half by circular saw
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 9-27
Where did injury occur? Catonsville (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury: Cut head in two Injured at work? yes

23. SIGNATURE: W. P. O. Mrs Dept P.M. Ex. M. D. or other
Address: Pikesville Md Date signed 9-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 30 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08778

1942

CERTIFICATE OF DEATH

Reg. Diat. No. 40

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto Co.
City or town: Fullerton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Fullerton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Kahl Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: John P. Kahl

3. (b) Social Security Number: 218-10-9586

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Catherine G. Kahl
6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Nov. 26, 1894

8. AGE:

Years	Months	Days	If less than one day
44	9	16	hrs. min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)
10. Usual occupation: Chauffeur
11. Industry or business: Contractor
FATHER 12. Name: Henry Kahl
13. Birthplace: Balto. Co. Md
MOTHER 14. Maiden name: Barbara Noppenberger
15. Birthplace: Balto. Co. Md.
16. Informant: C. G. Kahl
Address: Fullerton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 16 1939 (month) (day) (year)
Cemetery or crematory: Holy Redeemer
Location: Balto City Md.
16. Funeral director: L. Lassahn & Son
Address: 7401 Belair Rd.
19. 9/13/39 (Date rec'd by registrar) J. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12 1939, at 7 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Accidental Strangulation by rope being caught in ~~of~~ the about 3 ft in from ground

DURATION

Due to: Contributory Cause Alcoholism

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide~~, or ~~homicide~~: Accident Date of: Sept 12-39
Where did injury occur? Fullerton (City or town) Balto. (County) Md (State)
Injured at home, ~~farm, industry, public place~~ (where?): at home
Means of injury: Strangulation Injured at work? No

23. SIGNATURE: N. G. Mc Dept P. M. Co. M. D. or other
Address: Timonium Md. Date signed: 9-13-39

218-10-9586

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08779

(108)

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital, Towson
Stay in hospital or inst. (yrs., or mos., or days): 9 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penn. County:
City or town: Old Forge Penn Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 508 S. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Miss Edna Kelly

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): December 24, 1904

8. AGE: Years: 34 Months: 8 Days: 18 If less than one day: hrs. min.

8. Birthplace: Lackawanna Co, Penn. (Town, county, and state)
10. Usual occupation: School Teacher
11. Industry or business:
FATHER 12. Name: Patrick Kelly
13. Birthplace: Penn.
MOTHER 14. Maiden name: Mary Connolly
15. Birthplace: Penn.
16. Informant: Hospital records
Address: P.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 12 - 1939 (month) (day) (year)
Cemetery or crematory:
Location: Scranton Lackawanna Co Pa
18. Funeral director: Slade & Osier
Address: 4907 York Road
19. Sept 12 1939 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12 1939, at 3 08 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Sept 12 1939, and that I last saw her alive on Sept 11 19

Immediate cause of death: Pneumonia — DURATION: 2 days.
Due to: Pneumococcus
Due to:
Other conditions: Rheumatic heart disease — 28 yrs.
Sub. ac. Bact. Endocarditis (?) — 3 mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M. D. or other
Address: Arthur E. Pattrell, Towson, Md. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08780

51-B

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Texas No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MICHAEL F. KENNEY

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widower

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Sarah Eichler Kenney

6. DATE OF BIRTH (month, day, end yeary) Oct. 29, 1866

7. AGE Yeers	Months	Deys	If LESS than 1 day, hrs. or min.
72	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date dacaasad lest workad at this occupetion (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Texas, Md.
(State or country)

FATHER

13. NAME John Kenney

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Kane

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Jane K. Kirby
(Address) 1120 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Texas, Md.
Place St. Joseph's Cem. Date Sept. 29, 19 39

19. UNDERTAKER Chas. F. Traux Son Inc
(Address) 118 W. Mt. Royal Ave

20. FILED Sept 27, 19 39 [illegible] Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 26, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November, 19 38, to September 26, 19 39

I last saw him alive on September 26, 19 39; death is said to heve occurred on the date steted above, et 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder & metastasis	?
Other Contributory Causes of importanca: Pulmonary Edema Uremia	9/26/39 9/23/39

Nama of operation Deta of

What test confirmed diagnosis? Was there an autopsy? no

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, spacify

(Signed) R. W. Donohue M. D.

(Address) Texas, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Howell 75 Frederick Ave Catons 252-173

STATE OF MARYLAND—CERTIFICATE OF DEATH

08781

(131)

1. PLACE OF DEATH

County Balto Registration Dist. No. 10

Village or City Catonsville No. 6003 Smith Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Killman If U. S. Veteran, specify WAR

(a) Residence: No. 6003 Smith Ave St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a. If ~~married, widowed,~~ or divorced ~~HUSBAND of~~ (or) WIFE of Thomas R. Killman

6. DATE OF BIRTH (month, day, and year) Jan 15th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Christopher Hummer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva B. Marx

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Schmidt

(Address) 6003 Smith Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oak Lawn Date Sept 8th, 1939

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED 9/6/39 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 5th, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1939, to Sept 5th, 1939

I last saw her alive on Sept 5, 1939; death is said to have occurred on the date stated above, at 12th P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	1937
Other **Contributory Causes** of importance:	
Chr. Nephritis	1936

Name of operation None Date of

What test confirmed diagnosis? Clin. Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James T. Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 32

08782

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Pikesville Balto

(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 201 Church Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(d) Street No. 201 Church Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Elizabeth Kline

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Alexis Kline

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 24 - 1873

8. AGE: Years 66 Months 2 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Isaac Gore

13. Birthplace Rustenburg Md.

MOTHER

14. Maiden Name Sarah Clautice

15. Birthplace Georgia

16 (a) Informant Mrs. Blanche Loringer

(b) Address 201 Church Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/39 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Frank H. Newell

(b) Address Pikesville Md.

19 (a) 9-8-39 (Date rec'd by registrar) (b) E E Nichols MD Registrar

MEDICAL CERTIFICATION

20. Date of death September 6 1939, at 610 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1937, to Sept 6 1939, and that I last saw him alive on Sept 5 1939.

Immediate cause of death	Duration
Chronic myocarditis	?
Due to Arteriosclerosis	?
Due to	
Other conditions Carcinoma of stomach & intestines (Include pregnancy within 3 months of death)	

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E E Nichols MD M. D. or other

Address Pikesville Md Date signed 9-8-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08783

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Elizabeth Kruger If U. S. Veteran, specify WAR

(a) Residence: No. 2606 Lehman St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Paul Kruger

6. DATE OF BIRTH (month, day, and year): Feb. 28, 1879

7. AGE: Years 60 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: H.W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Kraushauer

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs. Eliz. Schweigerath (Address) 2600 Lehman St

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Pk. Date: 9/23/39, 19

19. UNDERTAKER: Harry H. Nitzke (Address) 4101 Edmondson Ave

20. FILED: 9/27, 1939 H. Andreal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 21, (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 10th, 1939, to Sept 21, 1939

I last saw her alive on Sept 21, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1937

Other Contributory Causes of importance:

Cerebral Arteriosclerosis	1938

Name of operation: None Date of

What test confirmed diagnosis? Clin Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
SEP 27 1939
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(131) Reg. Dist. No.

08785

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Sparrows Point (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Dakota Ave. Jones Creek.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 8 mo 23 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town ~~Baltimore~~ Sparrows Pt.
(If outside city or town limits, write RURAL and give town)

(d) Street No. ~~Dakota Ave~~ 764 Washington Blvd
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lillian May Lewis.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed.

6 (b) Name of husband or ~~wife~~ Walter M. Lewis

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 27 1869.

8. AGE: Years	Months	Days	If less than one day
70	3	19.	____ hr. ____ min.

9. Birthplace Remington. Md.
(Town, county, and state)

10. Usual occupation housewife.

11. Industry or business Own home.

FATHER
12. Name William White.
13. Birthplace Ohio —

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Jura. Lewis.
(b) Address Jones Creek.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/39 (month) (day) (year)

(c) Cemetery or crematory Ft. Paul
Location Baltimore Md.

18 (a) Funeral director Howard D. Covington
(b) Address 21 W. 25th St.

19 (a) Sept 18 39 (Date rec'd by registrar) (b) Dawson J. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 16 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1939, to Sept. 16 1939 and that I last saw him alive on Sept. 16 1939.

Immediate cause of death	Duration
Broncho-pneumonia	2 days.
Due to Decubitus	8 month
Due to Senility — chronic interstitial nephritis	5 Years.
Other conditions from arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis M. Sollin M.D.
M. D. or other

Address Sparrows Point Md. Date signed 9/16/39.

Authority time & change place & residence see letter filed under Tolliver 11/4/39. B.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

08786

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Baltimore

(b) City or town Baldwin
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baldwin
(If outside city or town limits, write RURAL and give town)

(d) Street No. Baldwin Md
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** George V. Lynch

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
Male	W.	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1897

8. AGE: Years	Months	Days	If less than one day
41	11	27	____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Michael Lynch
13. Birthplace Ireland

MOTHER
14. Maiden Name Ella Kelly
15. Birthplace Maryland

16 (a) Informant Mrs. Edward Lynch
(b) Address Baldwin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1939 (month) (day) (year)

(c) Cemetery or crematory St Johns

Location Long Green

18 (a) Funeral director Hornberger & Gross

(b) Address Benson Md

19 (a) Sept 30, 1939 (Date rec'd by registrar) (b) Walter H. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 30 1939 at 6 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939 to Sept 30 1939, and that I last saw him alive on Sept 30 1939.

Immediate cause of death	Duration
Coronary occlusion	3 hrs.
Due to Cardiac disease	
Due to	
Other conditions Angina Pectoris	1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter H. Hammett M. D. or other

Address Baldwin Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
OCT 9 1939
BUREAU V. S.

08787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-P

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Co., Almshouse

Stay in hospital or inst. (yrs., or mos., or days) " 1 Mo. 18 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James David Lytle

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1857 – Jan 4

8. AGE: Years 82 | Months 7 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Balto. Co. Parkton Md (Town, county, and state)

10. Usual occupation Park Labor

11. Industry or business

FATHER

12. Name James Lytle

13. Birthplace Balto. Co.

MOTHER

14. Maiden name Dorthey Crowe

15. Birthplace Balto Co

16. Informant William H. Lytle

Address Parkton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 - 13 - 1939 (month) (day) (year)

Cemetery or crematory Wiseburg Cem.

Location White Hall

18. Funeral director P. Markline & Son

Address White Hall Md.

19. Sept 11 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1934 to Sept 10 1934, and that I last saw him alive on Sept 9 1939.

Immediate cause of death: Cerebral Thrombosis. — DURATION: 1 wk.

Due to Arteriosclerosis -

Due to Senility - Alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D. M. D. or other

Address Cockeysville Md. Date signed 9/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 16 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... V.S. No 2

... information should be carefully supplied. AGE should be stated EXACTLY ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex... OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

SHALL BIRTH No. 08788

CERTIFICATE OF DEATH

1. PLACE OF DEATH Dundalk County (8)

Registered No. 41 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1936 Maxwell Ave. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Macek

If U. S. Veteran specify WAR .....

(a) Residence: No. 1936 Maxwell Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14 1939

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Louis Macek
14. BIRTHPLACE (city or town) (State or country) Chicago Ill.

MOTHER
15. MAIDEN NAME Albina Jagielska
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Louis Macek
(Address) 1936 Maxwell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Sept. 15, 1939

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1939 to Sept. 14, 1939

I last saw her ~~alive~~ dead on Sept. 14, 1939. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neonatorum Asphyxia	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Kurkowski, M. D.

(Address) 2529 Eastern ave.

SEP 15 1939 Huntington Williams, M.D.

COPY SENT TO LOCAL REGISTRAR No. 41 DATE 10/10/39

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94b

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore.

City or town: Sparrows Point.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 606 F Street.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 606 F St. Sparrows Point
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Delia A. Maley.

3. (b) Social Security Number ✓

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Thomas Maley

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.): Nov 23, 1866.

8. AGE: Years 72. Months 9 Days 0 If less than one day ____ hrs. ____ min.

9. Birthplace: Ireland.
(Town, county, and state)

10. Usual occupation: house work.

11. Industry or business

FATHER
12. Name: John Durkin
13. Birthplace: Ireland

MOTHER
14. Maiden name: Nappy Healy
15. Birthplace: Ireland.

16. Informant: Mrs. Mary E. Fitzgerald.

Address: 617 F St. Sparrows Point

17. burial
(Burial, cremation, or removal. Which?)

Date thereof: Sept. 26, 1939 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: 4300 Old Fred Rd.

18. Funeral director: John J Cowan & Son

Address: 901 Hollins Street.

19. Sept 24. 1939 (Date rec'd by registrar) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 23rd 1939, at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22nd 1939, to Sept 23 1939, and that I last saw her alive on Sept 22nd 1939.

Immediate cause of death: Coronary Thrombosis — DURATION: 24 hrs

Due to: Arteriosclerosis — 2 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank C Eldred M.D.
M. D. or other

Address: Sparrows Point Date signed 9-24-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

1010 Leads Ave before 8:30 a.m.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08790

1. PLACE OF DEATH

County Balto Registration Dist. No. 42

Village or City Oaklee No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Bordley Manly If U. S. Veteran, specify WAR

(a) Residence: No. 4128 Wilkens Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna C. Manly

6. DATE OF BIRTH (month, day, and year) Aug 23rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dispatcher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Thomas Manly

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dorothy Bordley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna C. Manly (Address) 4128 Wilkens St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Pauls - Druid Hill Pk Date Sept 12th, 1939

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED Sept 12, 1939 Geo. S. McKeeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 9th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, 19, to Sept. 9, 1939

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 12:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic	
Cardio-vascular disease	2/26/36

Other Contributory Causes of importance:

Cerebral thrombosis	9/8/39

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 15 1939 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

207-g

08791

Reg. Dist. No. 41

1. PLACE OF DEATH:
County Balto
City or town Sparrow Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town ~~Sparrows Point~~ Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2016 N. Monroe St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick M. McAbee

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband or wife Frances Madeline
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 16 1898
8. AGE: Years 40 Months 8 Days 5 If less than one day hrs. min.
9. Birthplace Penna (Town, county, and state)
10. Usual occupation Brakeman
11. Industry or business Bethlehem Steel Co.
FATHER 12. Name Jasheia McAbee
13. Birthplace Penna
MOTHER 14. Maiden name Susan Shearer
15. Birthplace Penna
16. Informant Frances Madeline McAbee
Address 2016 N Monroe St
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 23 39 (month) (day) (year)
Cemetery or crematory Lutheran Evangelical Cem
Location Shrewsbury Penna.
18. Funeral director Wm J. Tickner & Sons
Address North & Pa Aves
19. Sept 22 1939 (Date rec'd by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1939, at 5-45 A.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and ~~that I last saw h alive on~~ 19
Immediate cause of death Accident having fallen under cars and been run over by them
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 9-21-39
Where did injury occur? Sparrows Point (City or town) Balto Co (County) Md (State)
Injured at home, ~~farm~~, industry, ~~public place~~ (where?) Sparrows Point
Means of injury falling under cars Injured at work? yes

23. SIGNATURE W. T. E. Myse Dept. D.M. Ex. M. D. or other
Address Pikesville Md Date signed 9-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 25 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08792

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 37

Village or City Chestnut Ridge (Cockeysville P. O.) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. McCaslin If U. S. Veteran, specify WAR

(a) Residence: No. Chestnut Ridge St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	Widowed

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Annie Ledley

6. DATE OF BIRTH (month, day, and year) June 9, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 5, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Chestnut Ridge (State or country) Balto. Co. Md.

FATHER

13. NAME Thomas McCaslin

14. BIRTHPLACE (city or town) Balto Co, Md (State or country)

MOTHER

15. MAIDEN NAME Hannah Reese

16. BIRTHPLACE (city or town) Chestnut Ridge (State or country) Balto. Co, Md.

17. INFORMANT Ridgeway McCaslin (Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL Place Grace Chestnut Ridge Sept. 12, 1939

19. UNDERTAKER Leander M. Parrales (Address) Sparks Md.

20. FILED Sept. 11-39, 19 Wilmer C. Ensor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH SEPTEMBER (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from MAY 15, 1939, to SEPT. 9, 1939

I last saw h. I.M. alive on SEPT. 8, 1939; daath is said to have occurrad on tha date stated above, at 8:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importanca wera as follows:

	Date of onset
ARTERIO-SCLEROTIC CARDIO-VASCULAR	
DISEASE	1935
Other **Contributory Causes** of importance:	
HYPERTROPHIED PROSTATE	1933

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way relatad to occupation of deceased?

If so, specify

(Signed) George Shadrick M. D.

(Address) Cockeysville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08793

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93c)

1. PLACE OF DEATH

County BALTIMORE Registration Dist. No. 30

Village or City CATONSVILLE MD. No. MAPLE GROVE HOME St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA E. McKENNA If U. S. Veteran, specify WAR

(a) Residence: No. 4105 MASSACHUSETTS AVE. St., 20 Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..FRANK J.McKENNA...

6. DATE OF BIRTH (month, day, and year) SEPT. 2..1853...

7. AGE Years ...83..... Months ..... Days .14.. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. DOMESTIC AT

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. HOME.....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) .....VIRGINIA.....

FATHER

13. NAME JOHN BECKHAM .....

14. BIRTHPLACE (city or town) (State or country) VIRGINIA.....

MOTHER

15. MAIDEN NAME ANNA JOHNSON

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT MR. LINDSEY B.McKENNA (Address) 4105 MASSCHUSETTS AVE.

18. BURIAL, CREMATION, OR REMOVAL Place FREDERICKSBURG VA. Date 9/18/39 19..

19. UNDERTAKER F. B. Nippert & Son (Address) 1300 EUTAW PLACE ...c.

20. FILED 9/16, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH SEPTEMBER 16.1939 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to Sept. 16, 1939

I last saw her alive on Sept. 16, 1939; death is said to have occurred on the date stated above, at 5 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	5/22/39
Other Contributory Causes of importance:	
Gen'l - arteriosclerosis	5/22/39

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) [signature] M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Dr. Henning ....Catonsville..Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08794

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (94-E)

County Baltimore Registration Dist. No. 44

Village or City Sparrows Pt. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Mc Nicholas

(a) Residence: No. 308 E. 8th St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Mc Nicholas

6. DATE OF BIRTH (month, day, and year) Jan. 1 - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ir

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Pt.

FATHER

13. NAME Patrick Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Schneider

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas Mc Nicholas (Address) 308 E. 8th St.

18. BURIAL, CREMATION OR REMOVAL Place Holy Rood Date Sept. 16, 1939

19. UNDERTAKER John A. Horan (Address) 3000 E. Baltimore St.

20. FILED Sept 15, 1939 Dawson T. Harber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939, to Sept 13th, 1939

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis C. Eldred M. D.

(Address) 502 E. 1st. Sparrows Point Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08795

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131)

County BALTIMORE — Maple Grove Corner. Home — Registration Dist. No. 30

Village or City CATONSVILLE. MARYLAND — No. ARBTUS AVE. EDEN TERRACE — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES MEYERS — If U. S. Veteran, specify WAR .....

(a) Residence: No. 309 MILLINGTON AVE. St., 20 Ward. .....

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of ANNIE MEYERS

6. DATE OF BIRTH (month, day, and year) APRIL 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RETIRED ?

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

FATHER

13. NAME CHARLES MEYERS SR.

14. BIRTHPLACE (city or town) UNKNOWN (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT MRS. RICHARD OWENS (Address) 309 MILLINGTON AVE.

18. BURIAL, CREMATION, OR REMOVAL Place LOUDON PARK Date SEPT. 26/39

19. UNDERTAKER F. R. Weippert & Son (Address) 1300 EUTAW PLACE

20. FILED 9/26, 19 39 H. L. Sandsmark Registrar. Dept. of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH SEPTEMBER 23. 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939, to Sept 23, 1939

I last saw him alive on Sept 23, 1939; death is said to have occurred on the date stated above, at ..... P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
Hypertension	?
Cl-nephritis	?
Dther Contribntory Causes of Importance:	
Uremia	5 days

Name of operation — Date of —

What test confirmed diagnosis? Cl & Phy Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred T. Lyser M. D.

(Address) 3321 FREDERICK AVE.

If more than one death, report each on a separate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

08796

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 0 yrs., 0 mos., 30 das.
Stay in this community (yrs., or mos., or days) 0 yrs., 0 mos., 30 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2723 Edmondson Avenue (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James F. Mohr

3. (b) Social Security Number: 520-398-790

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Ida Mohr
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): June 30, 1882

8. AGE: Years: 57 | Months: 2 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Barber

11. Industry or business:

FATHER
12. Name: Thomas Mohr
13. Birthplace: York, Pennsylvania

MOTHER
14. Maiden name: Anna Rosenberger
15. Birthplace: York, Pennsylvania

16. Informant: J. Frank Spalding
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 11, 1939 (month) (day) (year)
Cemetery or crematory: Western Cemetery
Location: Baltimore, Maryland

18. Funeral director: Harry H. Witzke
Address: 4101 Edmondson Ave., Baltimore, Md.

19. Sept. 8, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 8, 1939, at 12.26 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 1939, to Sept. 8, 1939, and that I last saw him alive on September 8 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Unknown
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D.
Address: Mt. Wilson, Maryland Date signed: 9/8/39

RECEIVED
SEP 18 1939
BUREAU V. S.

08797

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Woodbrook No. Montrose Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 19 ds. How long in U. S. if of foreign birth? --- yrs. -- mos. -- ds.

2. FULL NAME Mary C. Monius

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Monius

6. DATE OF BIRTH (month, day, and year) February 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) --------
(State or country) Maryland

FATHER

13. NAME Joseph A. Edelman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara Zellers

16. BIRTHPLACE (city or town) --------
(State or country) Pennsylvania

17. INFORMANT Mrs. Magdalena S. Pahren
(Address) 5402 Grindon Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 9/30, 1939

19. UNDERTAKER Henry U. Meaks and Son
(Address) 805 N. Calvert St.

20. FILED Sept 28, 1939 Wilbur Van Horn
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 27th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Sept 27th, 1939

I last saw him alive on Sept 27th, 1939; death is said to have occurred on the date stated above, at 11:25 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1936

Other Contributory Causes of importance:

General Metastases

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Herman J. Giering M. D.

(Address) 1900 Eastern Ave. Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59)

08798

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
County Baltimore
City or town Overlea
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 712 Old Home Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Blanche Agnes. Moore.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: William H. Moore
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 1 1867

8. AGE: Years 72 | Months 0 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Liverpool Eng. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Thomas Byrne
13. Birthplace: Dublin

MOTHER
14. Maiden name: Mary Verden
15. Birthplace: Dublin

16. Informant: Mrs Frederick Stegman
Address: 3230 Eastern Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22 1939 (month) (day) (year)
Cemetery or crematory: Oaklawn Cem.
Location: Baltimore Co.

18. Funeral director: William J Tickner & Sons
Address: Ninth & Pennsylvania Ave.

19. 9/20 1939 (Date rec'd by registrar) Mrs. G. A. Fritz Acting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 19 1939, at 3:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1934, to Sept 19 1939, and that I last saw her alive on Sept 18 1939.

Immediate cause of death: Diabetic Coma — DURATION: 3 days
Due to: Diabetes Mellitus — many years
Due to:
Other conditions: chr Myocarditis — years?
chr. arteriosclerosis — "
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: N. J. Davidor M. D. ~~or other~~
Address: 3228 Eastern Ave Date signed 10-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 2 1939
BUREAU V. S.

Mr Davidson
Eastern Ave
3228

08799

STATE OF MARYLAND—CERTIFICATE OF DEATH

(948)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Morgan If U. S. Veteran, specify WAR World War

(a) Residence: No. 123 Williams Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Morgan

6. DATE OF BIRTH (month, day, and year) April 29-1888

7. AGE Years 51 Months 4 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Daniel J. Morgan

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mamie Robinson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs. May Morgan (Address) 123 Williams Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Sept. 29, 1939

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St

20. FILED 9/28/39, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1939, to Sept 26, 1939

I last saw him alive on Sept 25, 1939; death is said to have occurred on the date stated above, at 8:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-24-39
Other Contributory Causes of Importance:	
Endarteritis Obliterans	1-6-39
Arteriosclerosis	(?)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. W. Reier M. D.

(Address) 2 Kinship Rd. Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

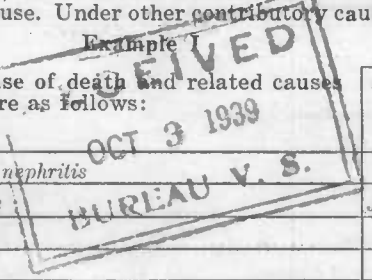
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by strect car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08800

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point Md 804 J Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Clinton Oliver

(a) Residence: No. 804 J Street St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~: yes

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26. 1903

7. AGE: Years 36 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bethlehem Shipbldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nottaway Co va

FATHER

13. NAME Douglas P. Oliver

14. BIRTHPLACE (city or town) (State or country) va

MOTHER

15. MAIDEN NAME Emma Scott

16. BIRTHPLACE (city or town) (State or country) va

17. INFORMANT (Address) James T. Oliver 804 J St Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL Place Burksville Va Date Sept 27, 1939

19. UNDERTAKER (Address) Sam N. Chase Son 638 N. Gilmor St

20. FILED Sept 25, 1939 Dawson L. Farber Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 / 24 / 39 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/24/39 19 , to 9/24/39 19

I last saw him alive on 9/24/39 19 ; death is said to have occurred on the date stated above, at 6:30 A.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	9/24/39

Other Contributory Causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Thomas M. D.

(Address) 1012 J St Sparrows Pt Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

SEP 25 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08801

(93C)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lillian Pearl Oursler If U.S. Veteran specify WAR

(a) Residence: No. 2112 W. North Ave. St., Ward.

Former Baltimore, Md. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Oursler

6. DATE OF BIRTH (month, day, and year): March 17, 1866

7. AGE: 73 Years, 6 Months, 19 Days. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chester Town Maryland

FATHER

13. NAME: Sappington

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Niece) Mrs. Mary Herman (Address) 4802 Laurel Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 9/25, 1939

19. UNDERTAKER C. Vernon Lemmon (Address) 4611 Park Heights, Baltimore City

20. FILED Sept 24, 1939 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 24, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to Sept. 24, 1939

I last saw her alive on Sept. 24, 1939; death is said to have occurred on the date stated above, at 3 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9/23/39

Other Contributory Causes of importance: Obesity Fatty degeneration of myocardium 1928

Name of operation ___ Date of ___

What test confirmed diagnosis? Phys. exam. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Bartus I. Baggott M. D.

(Address) 2229 Eutaw Pl. Baltimore, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED OCT 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

68802

Reg. Dist. No. 930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or Insf. (yrs., or mos., or days): 14 yrs. 6 mths. 15 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1710 W. North Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Thomas Hunter Patterson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	separated

6 (b) Name of husband or wife: Alice Fisher Patterson

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): June 29, 1883

8. AGE: Years	Months	Days	If less than one day
56	2	18	____ hrs. ____ min.

9. Birthplace: Harpers Ferry, West Virginia (Town, county, and state)

10. Usual occupation: bartender

11. Industry or business: liquor business

FATHER — 12. Name: James Franklin Patterson

FATHER — 13. Birthplace: Virginia

MOTHER — 14. Maiden name: Mary Olivia Ellison

MOTHER — 15. Birthplace: Virginia

16. Informant: Viola King

Address: 449 Yale Avenue, Irvington

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20 39 (month) (day) (year)

Cemetery or crematory: London Park

Location: Catonsville Md

18. Funeral director: Wm Cook

Address: 1217 St Paul

19. 9/18/39 (Date received by registrar) 19__ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17 19 39, at 9:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1936, to Sept. 17 1939, and that I last saw him alive on Sept. 17 1939.

Immediate cause of death	DURATION
Chronic myocarditis with myocardial degeneration	bef. 1939
Due to Angina pectoris	"
Due to Coronary arteriosclerosis	"
Other conditions: Dementia Praecox	1925

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: as given above

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Catonsville, Maryland Date signed: 9-18-39

REC'D
SEP 21 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08803

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(23)

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Millie Paulichuck

If U. S. Veteran, specify WAR No

(a) Residence: No. 9007 Midwood Road St., Ward. Silver Spring Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) February 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Jos. Strasaky

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Umlauf

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Personal History & Hospital Records (Owner) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Salida Colorado Date Sept. 6, 1939

19. UNDERTAKER John Burns Sons (Address) Towson, Md.

20. FILED 9/7, 1939 Edward Carlton Registrar. By Ruth McCall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 1, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 3 1939 to September 1, 1939

I last saw h.. alive on September 1, 1939; death is said to have occurred on the date stated above, at 2:35 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1933
Other Contributory Causes of Importance:	

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1929
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08814

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 6 ds. How long in U.S. If of foraign birth? ? yrs. ? mos. ? ds.

2. FULL NAME John Perugino If U. S. Veteran, specify WAR No

(a) Residence: No. 33 S. Main St St., Ward Port Deposit, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Perugino

6. DATE OF BIRTH (month, day, and year) January 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Quarryman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Stone Quarry

10. Date deceased last workad at this occupation (month and year) January 1938

11. Total time (yaars) spent in this occupation 30

12. BIRTHPLACE (city or town) Italy (State or country)

FATHER

13. NAME Samuel Perugino

14. BIRTHPLACE (city or town) Italy (State or country)

MOTHER

15. MAIDEN NAME Margaret Carullo

16. BIRTHPLACE (city or town) Italy (State or country)

Personal History --Hospital Records

17. INFORMANT Eudowood Sanatorium, Towson, Md.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Port Deposit Date Sept 17, 1939

19. UNDERTAKER Leo A. Patterson

(Address) Perryville, Md.

20. FILED Sept 17, 1939 Wm T. Bacon - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 17 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 11 1939 to September 17, 1939

I last saw h.im alive on September 17, 1939; death is said to have occurred on the data stated above, at 5:10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1938

Other Contributory Causes of importanca:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Netura of injury

24. Was disaase or injury in any way related to occupation of dacaased? Possibly.

If so, specify

(Signed) L. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08805

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Balto Registration Dist. No. 31

Village or City Woodlawn No. St. Lukes Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothea C. Quandt. If U. S. Veteran, specify WAR

(a) Residence: No. St. Lukes Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman A. Quandt

6. DATE OF BIRTH (month, day, and year) June 11 1876

7. AGE Years 63 Months 3 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Mehring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Whitmore

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Albert H Bielenberg (Address) St Lukes Lane

18. BURIAL, CREMATION, OR REMOVAL St Pauls Violetsville Date Sept 21st 1939

19. UNDERTAKER Mrs Chas A. G. Rohde (Address) 2327 Edmondson Ave

20. FILED Sept 20, 1939 J J Milton Piel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 18th 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Sept 18, 1939

I last saw her alive on Sept 18, 1939; death is said to have occurred on the date stated above, at 7P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Generalized carcinomatosis of abdomen

Date of onset

Other Contributory Causes of importance:

Carcinoma of uterus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J J Volinick M. D.

(Address) 4710 Liberty Hts

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 3 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08806

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Parkville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3017 Linwood Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 2022 Cecil Ave (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Katharina M. Rausch

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Henry Rausch
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 14 - 1857

8. AGE:

Years	Months	Days	If less than one day
82	5	7	hrs. min.

9. Birthplace: Germany (Town, county and state)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: John Helm
13. Birthplace: Germany
MOTHER 14. Maiden name: Dorothea Kuon
15. Birthplace: Germany
16. Informant: Louis P. Rausch
Address: 3017 Linwood Ave Parkville
17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept 25, 1939 (month) (day) (year)
Cemetery or crematory: St. Matthews
Location: Baltimore Md.
18. Funeral director: John Ulrich
Address: 2008 Orleans St.
19. Sept 23 1939 (Date rec'd by registrar) C. M. Bacon. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: SEP 22 1939 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEB 18 1939 19 to SEP 17 1939 19 and that I last saw h OR alive on SEP 17 1939 19

Immediate cause of death	DURATION
Heart	1 hour
Due to Chronic Myocarditis	8 mo
Due to Hypertension and Senility	
Other conditions none other	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury None Injured at work?

23. SIGNATURE: Otto H. Duker M.D. M. D. or other
Address: 928 E. North Ave Date signed SEP 22 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 30 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131) to 08807

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 yrs. 7mos. 26das.
Stay in this community (yrs., or mos., or days): 6 yrs. 7mos. 26das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel
City or town: Eastport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 107 Severn Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frederick Reed

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Mrs. Lena Reed
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 8, 1870

8. AGE: Years	Months	Days	If less than one day
69	8	8	____ hrs. ____ min.

9. Birthplace: New York City
(Town, county, and state)
10. Usual occupation: Press Operator
11. Industry or business

FATHER
12. Name: John Reed
13. Birthplace: ?

MOTHER
14. Maiden name: Mary ?
15. Birthplace: ?

16. Informant: Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 18-39 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem.
Location: Annapolis Blvd.
18. Funeral director: Martin W. E. Dippel
Address: 37 S. Ann St.

19. 9/18 (Date rec'd by registrar) 1939 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 16, 1939, at 4:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to September 16, 1939 and that I last saw him alive on September 16, 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to: Chronic interstitial nephritis	Before 1939
Due to: Generalized arteriosclerosis	Before 1939
Other conditions: Senile dementis	Before 1933

(Include pregnancy within 8 months of death)

Major findings:
Of operations: No
Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other
Address: Spring Grove State Hospital Date signed: 9/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

088118

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131)

County Baltimore Registration Dist. No. 32.

Village or City Villa Nova No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Reier If U. S. Veteran, specify WAR

(a) Residence: No. Church Road Randallstown Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Reier

6. DATE OF BIRTH (month, day, and year) Oct-31-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home-duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Baldaser Gross.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine Seeble

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Charles Younger

(Address) Randallstown (Church Rd)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Sept 28, 1939

19. UNDERTAKER Mamie Cook Sypher

(Address) 1600 West North Ave

20. FILED 9/27, 1939 C. C. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 25 - 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attandad deceased from Oct. 26, 1938, to Sept 25, 1939.

I last saw her alive on Sept. 25, 1939; death is said to have occurred on the data stated above, at 11 P. m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importance were as follows:

	Date of onset
arteriosclerotic cardio-vascular disease	1928.
chronic congestive heart failure	Sept 1939.
chronic nephritis	

Other **Contributory Causes** of importance:

Name of operation none ? Date of

What test confirmed diagnosis? Usual Was thara an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) George A. Kripp M. D.

(Address) 3030 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

08809

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Opitz Home

City or town: Calonsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County:

City or town: Calonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Opitz Home 1154 Bentalon St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Balto. Md.

3. (a) FULL NAME: Adolph Renz

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of ~~husband~~ or wife: Margaret

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar. 1 - 1853

8. AGE: Years: 86 Months: 6 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Music Teacher

11. Industry or business:

FATHER

12. Name: Frederick Renz

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace:

16. Informant: Elsie Moog

Address: 1115 N. Bentalow St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 16, 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Woodlawn

Location: Md.

18. Funeral director: William Cook

Address: 1217 St Paul St.

19. 9/17 1939 (Date rec'd by registrar) H. L. Andreae Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 13 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10. 1939, to Sept 13 1939, and that I last saw him alive on Sept. 12 1939.

Immediate cause of death: Uremia

Due to: Chr. Interstitial Nephritis

Due to: Old age.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 1 week.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Herbert C. Blake M. D. or other

Address: Med. Arts Bldg Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

08810

CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Forrestbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Illinois (b) County

(c) City or town Chicago (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME Annie D. Rice

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Burt M Rice

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11, 1864

8. AGE: Years 75 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Dundee Scotland (Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business Home

FATHER

12. Name Alexander McDonald

13. Birthplace Scotland

MOTHER

14. Maiden Name Unknown

15. Birthplace Scotland

16 (a) Informant Jean Finch

(b) Address Upperco Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25/39 (month) (day) (year)

(c) Cemetery or crematory St Pauls

Location Arcadia Md

18 (a) Funeral director Edw C Tipton

(b) Address Hampstead Md

19 (a) Sept. 23, 1939 (Date rec'd by registrar) (b) J. Paul Mill Local Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 22, 1939, at 12:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1939, to Sept 22, 1939, and that I last saw him alive on Sept 22, 1939.

Immediate cause of death	Duration
Arteriosclerotic Cardio Renal Vascular Disease	Unknown
Due to	
Due to Heart Bloc	24 hrs?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature Edgar M. Bush M. D. or other

Address Hampstead Md Date signed 9/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (57) Reg. Dist. No. 31

CERTIFICATE OF DEATH

08811

1. PLACE OF DEATH:
(a) County: Baltimore
(b) City or town: Woodlawn
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Windsor Mill Road
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Md. (b) County: Baltimore
(c) City or town: Woodlawn,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Road,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Matilda V. Ritter

3 (b) If veteran, name war:
3 (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Howard F. Ritter
Deceased
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 21, 1855

8. AGE: Years: 84 | Months: 1 | Days: 3 | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Balthazer Sibel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Klinge
15. Birthplace: Germany

16 (a) Informant: Dorothy Weidemeyer
(b) Address: Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cem
Location Randallstown Md.

18 (a) Funeral director E. W. Lamoreaux
(b) Address 1003 W. Baltimore St.

19 (a) Sept 27 (Date rec'd by registrar) (b) J. Mullen Peel Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 24, 1939 at 9.- P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939, to Sept 24 1939, and that I last saw her alive on Sept. 24, 1939.

Immediate cause of death	Duration
Chronic Arthritis - -	9 mos.
Debility of Aged.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Carroll Monmonier M. D. or other
Address: Catonsville, Md. Date signed 9/26/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 9 1939
BUREAU V. S.

08812

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (23)

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred — yrs. 1 mos. 0 ds. How long in U.S. if of foralgn birth? — yrs. — mos. — ds.

2. FULL NAME Joseph Rogers. If U. S. Veteran, specify WAR No.

(a) Residence: No. 4 Eastahip Road St., Ward. Dundalk

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mah

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower.

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, and year): March 11. 1873

7. AGE: Years 66 | Months 5 | Days 21 | If LESS than 1 day, ____hrs. or ____min.

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.: Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: grocery Store

10. Date daceased last workad at this occupation (month and year): April 1939

11. Totel time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (Stata or country): Mayland.

FATHER

13. NAME: Joseph Rogers.

14. BIRTHPLACE (city or town) (Stata or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Bowen

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Personal History--Hospital Records Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 5, 1939

19. UNDERTAKER (Addiass): William M Mareck 715 Light St

20. FILED 9/5, 1939 G. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: September 1 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded deceased from August 2 1939 to September 1, 1939

I last saw him alive on September 1, 1939; daath is said to have occurred on the date stated above, at 10:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1939

Dther Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X. Ray Was there an autopsy? No

23. If daath was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signad) A. A. Bridges M. D.

(Addrass) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
SEP 8 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33-

08813

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Freeland. Rural

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 50

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Rural Freeland

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Edwin Royston.

3 (b) If veteran, name war: No.

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife Rachael V. Royston

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 25, 1854

8. AGE: Years	Months	Days	If less than one day
84	11	5	____ hr. ____ min.

9. Birthplace Parkton, Md R. D.

(Town, county, and state)

10. Usual occupation Trackman

11. Industry or business Railroad.

FATHER 12. Name Caleb Royston.

13. Birthplace Unknown.

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown.

16 (a) Informant James Royston

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion.

Location Freeland, Md.

18 (a) Funeral director J. Jacob Bartlestein

(b) Address New Freedom, Pa.

19 (a) Oct 1 1939 (Date rec'd by registrar) (b) Charles L. Faulkner Registrar

MEDICAL CERTIFICATION

20. Date of death September 30 1939; at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1939, to Sept. 29 1939, and that I last saw him alive on Sept. 29 1939.

Immediate cause of death	Duration
Broncho-Pneumonia	19 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis Schatanoff M.D. M.D. or other

Address New Freedom, Pa. Date signed 9-30-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

08814

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
~~City~~ or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1403 Edmondson Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
~~City~~ or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1403 Edmondson Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sewell Hepburn Ruth

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband ~~or wife~~: Emma Minner Ruth
6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): June 17th 1855

8. AGE: Years	Months	Days	If less than one day
84	2	25	____ hrs. ____ min.

9. Birthplace: Queen Annes Co. Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Journeyman
FATHER 12. Name: Francis Asbury Ruth
13. Birthplace: England
MOTHER 14. Maiden name: Editha Wroth
15. Birthplace: England
16. Informant: Emma M Ruth
Address: 1403 Edmondson Ave - Catonsville Md.
17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: Sept 15th 1939 (month) (day) (year)
Cemetery ~~or crematory~~: Still Pond
Location: Still Pond Md
18. Funeral director: William Cook
Address: 1217 St. Paul St.
19. 9/13 1939 (Date rec'd by registrar) Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12th 1939, at 7:45 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1938, to Sept 12 1939, and that I last saw h~~im~~ alive on Sept 12 1939

Immediate cause of death	DURATION
Chronic Nephritis c Uremia	1 mo.
Due to	
Due to	
Other conditions: Chronic Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. Harry Cahnman M. D. or other
Address: 1921 W North Ave Date signed: 9/12/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08815

(131)

1. PLACE OF DEATH

County Baltimore Co Registration Dist. No. 38

Village or City Parkville No 7904 Elmhurst St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Franziska Schaper If U. S. Veteran, specify WAR

(a) Residence: No. 7904 Elmhurst St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN E. F. Henry Schaper

6. DATE OF BIRTH (month, day, and year) July 25th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
87 "	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housetoife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Christoph Bartell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Freda Bartell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Clarence G. Allard

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 2nd, 1939

19. UNDERTAKER (Address) Henry W. Jenkins & Sons Co Orchard McCulloh

20. FILED 9/30, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 29 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1939, to Sept. 29, 1939

I last saw her alive on Sept. 28, 1939; death is said to have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Oct, 1938

Other Contributory Causes of importance:

Chronic Interstitial Nephritis & Dropsy	Feb. 1939

Name of operation none Date of ___

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Geo. L. Zimmerman M. D.

(Address) 9858 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF HUSBAND'S NAME MADE THRU LETTER FILED 10-13-39 under Dr.Zimmerman.-L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08816

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs., 9 mos., 11 dys.

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2810 Fleetwood Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John L. Seller

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Jennie Snyder

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): February 29, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	26	---hrs. ---min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Steel Molder

11. Industry or business: Steel Foundry

FATHER

12. Name: Alexander Sellar

13. Birthplace: Scotland

MOTHER

14. Maiden name: Mary Chase

15. Birthplace: New York

16. Informant: Records of Spring Grove Hospital

Address: Catonsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/28/39 (month) (day) (year)

Cemetery or crematory: Greenmount Cemt

Location: Balto. Md.

18. Funeral director: Williams Cook

Address: 1217 St Paul St Balto Md.

19. 9/26 1939 (Date rec'd by registrar) Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 25, 1939, at 2:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to September 25, 1939, and that I last saw him alive on September 25, 1939.

Immediate cause of death	DURATION
Chronic myocarditis before	1921
Due to Convulsive seizures "	"
Due to Generalized arteriosclerosis before	"
Other conditions General paresis "	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 9/26/39

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08817

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 3 mon. 12 days.
Stay in this community (yrs., or mos., or days) 1 yr. 3 mon. 12 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Anne Arundel
City or town Annapolis Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 14 Herman St. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elizabeth Starr

3. (b) Social Security Number —

4. Sex F. | 5. Color or race W. | 6.(a) Single, married, widowed, or divorced Widow.

6 (b) Name of husband or wife Albert Starr

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1881 ?

8. AGE: Years 58 | Months 7 | Days 17 | If less than one day — hrs. — min.

9. Birthplace Baltimore (Balto. Co.) Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Michael Tierney

13. Birthplace Ireland

MOTHER 14. Maiden name Elizabeth Dougherty

15. Birthplace Ireland

16. Informant Hosp. records. Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/30/39 (month) (day) (year)

Cemetery or crematory Baltimore

Location Balto. Md.

18. Funeral director George D. Ruth Inc.

Address 1735 Hollins Ave.

19. 9/28/39 (Date rec'd by registrar) Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1939, at 4:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1939 to Sept. 27 1939 and that I last saw h ex elive on Sept. 27 1939.

Immediate cause of death Cerebral hemorrhage — DURATION 1 day

Due to General arteriosclerosis — Before 9-15-38

Due to —

Other conditions Hypostatic oval pneumonia — Before 9-15-38

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Robert C. Gardner M.D. M.D. or other

Address Spring Grove State Hosp. Catonsville, Md. Date signed 9-27-39

RECEIVED
OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08818

1. PLACE OF DEATH

County Baltimore (82-a) Registration Dist. No. 44

Village or City Sparrows Pt. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward. Sheridan

(a) Residence: No. 218 D. St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elezibett Sheridan

6. DATE OF BIRTH (month, day, and year) May 1 - 1854

7. AGE Years 85 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Daniel Sheridan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Halton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward T. Sheridan (Address) 218 D. St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cath. Date Sept. 25 - 1939

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

20. FILED Sept 23, 1939 Dawson T. Farber Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 21 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Sept 22nd, 1939

I last saw him alive on Sept 20, 1939; death is said to have occurred on the date stated above, at 10.50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937

Other Contributory Causes of Importance:

Cerebral Hemorrhage	Sept 10

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank C. Eldred M. D.

(Address) 502 E. St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 5 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08819

82-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. Villa Maria St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sister Mary Prima Singer

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1864

7. AGE 75 Years 8 Months 6 Days If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fulton, Noble Co. Ohio

FATHER

13. NAME George Singer

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Helen Schmidt

16. BIRTHPLACE (city or town) (State or country) Würtemberg Germany

17. INFORMANT (Address) Sister M. Peter Fourier Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Sept. 25" 1939

19. UNDERTAKER (Address) Geo. M. Fink Son 811 N. Wolfe St.

20. FILED 9/25 39 W. Mohammed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1935, to Sept., 1939

I last saw her alive on Sept. 20, 1939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other Contributory Causes of importance:

Hypertension

Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

46-B

Reg. Dist. No. 40

08820

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Glenarm (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Sweat House Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Glenarm (If outside city or town limits, write RURAL and give town)

(d) Street No. Sweat House Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Snyder

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isaac F. Snyder

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1859

8. AGE: Years 80 Months 0 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Mathai Prigel

13. Birthplace Germany

MOTHER

14. Maiden Name Katherine ?

15. Birthplace Germany

16 (a) Informant Mr. Isaac F. Snyder

(b) Address Glenarm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Pauls Luth. Cem.

Location Kingsville, Md.

18 (a) Funeral director F. Lassahn Son

(b) Address 7401 Belair Road

19 (a) Sept 13/39 (Date rec'd by registrar) (b) W M Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 12th 1939, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1939, to Sept 12 1939, and that I last saw him alive on Sept 12 1939.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

Duration 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter M Hammett M. D. or other

Address Baltimore Date signed 9/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20 — 08821

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 23 yrs. 4 mos. 15 das.

Stay in this community (yrs., or mos., or days): 23 yrs. 4 mos. 15 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland — County:

City or town: Baltimore — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Sonnenberg

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	~~Married~~ Widowed

6 (b) Name of husband or wife: ? Blanche

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): December 31, 1866

8. AGE: Years	Months	Days	If less than one day
72	8	10	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Baker

11. Industry or business:

FATHER — 12. Name: Charles R. Sonnenberg

13. Birthplace: Germany

MOTHER — 14. Maiden name: Matilda Rupp

15. Birthplace: Pennsylvania

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) — Date thereof: Sept 14 1939 (month) (day) (year)

Cemetery or crematory: Lorraine

Location: Baltimore County

18. Funeral director: William J. Tickner & Sons

Address: North & Pennsylvania Aves Baltimore Md

19. 9/13 (Date rec'd by registrar) 1939 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 11, 1939, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26, 1916, to September 11, 1939, and that I last saw him alive on September 11, 1939

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to Obstructive jaundice	3 weeks
Due to Gall stones	Before 1939
Other conditions: Manic Depressive Psychosis (Include pregnancy within 3 months of death)	Before 1939

Major findings:

Of operations:

Of autopsy: As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No — Date of:

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury — Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. — M. D. or other

Address: Spring Grove Hospital — Date signed: 9/11/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08822

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (732)

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wm III Steinwedel Social Security # none

(a) Residence: No. 52 Link Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Wimmer

6. DATE OF BIRTH (month, day, and year) Feb 27 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Iron Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bloom & Iron Wks

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Near Balto. Md.

FATHER

13. NAME William Steinwedel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Reeb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Steinwedel (Address) 52 Link Ave, Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 12, 1939

19. UNDERTAKER Wilbur Cook (Address) 1217 St Paul St

20. FILED Sept 9, 1939 Gertrude Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to Sept 9, 1939

I last saw him alive on Sept 9, 1939; death is said to have occurred on the date stated above, at 11:25 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Apoplexy	Nov 1935
Right Hemiplegia	Sept 9 '39
Broncho-Pneumonia	Sept 6/39
Terminal	

Other **Contributory Causes** of importance:

Arterial Hypertension
General Arteriosclerosis
Chron. Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B B Brumbaugh M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08823

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 37

Village or City Cockeysville No. Glenwood Hills St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whare death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvenda M. Stephens If U. S. Veteran, specify WAR None

(a) Residence: No. Glenwood Hills St. Ward. Cockeysville, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Richard Stephens

6. DATE OF BIRTH (month, day, and year) November 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceasad last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME John A Coy

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Jane Slater

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs Cooke (Address) 1217 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Elkton, Md. Date Sept. 14, 1939

19. UNDERTAKER Mrs Cooke (Address) 1217 St Paul St. Balto. Md.

20. FILED Sept. 11 39 Wilmer C. Ensor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH SEPTEMBER (Month) 11 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from OCTOBER, 1938, to SEPTEMBER, 1939

I last saw h.ER alive on SEPTEMBER 10, 1939; death is said to heve occurred on the deta statad above, at 8:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
ARTERIO SCLEROTIC CARDIO-VASCULAR	
DUE TO	1935
Other Contributory Causes of Importance:	
PLEURISY	9/6/39

Neme of operetion — Oete of —

Whet test confirmed diagnosis? — Was thara en eutopsy? NO

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was diseese or injury in any way relatad to occupation of deceased? NO

If so, specify ...

(Signed) George Silvabet M. D.

(Address) Cokeysville, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

08824

CERTIFICATE OF DEATH (52)

1. PLACE OF DEATH

Registered No. 41

~~CITY OF~~ BALTIMORE: (Co. No. Colegate, Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Storch

If U. S. Veteran specify WAR .....

(a) Residence: No. Edgewater Ave Colegate Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barrel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Storch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbra Ernest

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Storch (Address) Edgewater Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Swartz Cem Date Sept 4 1939

19. UNDERTAKER Stephen J Trilkowski Inc (Address) 1000 S Fenwood Ave

20. FILED 9/2 1939 Milton M Smulson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to Sept 1, 1939.

I last saw him alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Ear	1937
Generalized Carcinomatosis	1939

Other contributory causes of importance:

Was an operation performed? Yes Date of 1937

For what disease or injury? Cancer of ear

Name of operation Excision of Tumor

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank Virgilio, M. D.

(Address) Dundalk, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08825

STATE OF MARYLAND—CERTIFICATE OF DEATH

(95-P)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 648 Orpington Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Stumpf If U. S. Veteran, specify WAR

(a) Residence: No. 648 Orpington Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1864

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Geo. Stumpf

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Marie Lux

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Ada Dietz (Address) 648 Orpington Road

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date 9/25/39, 19

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave.

20. FILED 9/25, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from 2/10, 1936, to 9/22, 1939

I last saw him alive on 9/22, 1939; death is said to have occurred on the date stated above, at 1:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	3 days
Other Contributory Causes of Importance: Arterio Sclerotic Cardio-Vascular Disease	10 years

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph G. Laukaitis M. D.

(Address) 679 Washington Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10825

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95-P)

County Balto. Registration Dist. No. 32

Village or City Garrison No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Linwood Sullivan If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sally Mary Burnham

6. DATE OF BIRTH (month, day, and year) April 4-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Storekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. for self

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Sullivan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Rodgers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) John Sullivan Garrison Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lone Chapel Date Sept 18, 1939

19. UNDERTAKER (Address) Frank H. Newell Pikesville Md.

20. FILED 9/16/1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ~~August~~ September (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1930 to Sept 16, 1939

I last saw him alive on Sept 15, 1939; death is said to have occurred on the date stated above, at 10:28 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Aortic sclerosis	
heart disease	1933
Chronic fibrillation	1938
Coronary Thrombosis	1939

Other Contributory Causes of importance:

Name of operation No Date of

Whet test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Palmer H. Williams M. D.

(Address) Pikesville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a) Reg. Dist. No. 31

CERTIFICATE OF DEATH

08827

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(a) County Baltimore

(b) City or town Granite Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 65 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Granite
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ida Virginia Taggart

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~.
F	W	

6 (b) Name of husband or wife Jas. C. Taggart

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1864

8. AGE: Years	Months	Days	If less than one day
75	5	16	hr. min.

9. Birthplace Sherwood, Baltimore Co., Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name	James Burnham
13. Birthplace	Maryland
MOTHER 14. Maiden Name	Susan J. Haight
15. Birthplace	Maryland

16 (a) Informant Edyth Taggart

(b) Address Granite Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13 1939 (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cemetery

Location Granite Md

18 (a) Funeral director E. H. Green

(b) Address Sykesville, Md

19 (a) Sept 12 1939 (Date rec'd by registrar) (b) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. Date of death September 11 1939, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939, to Sept 11 1939, and that I last saw him alive on Sept 10 1939.

Immediate cause of death	Duration
Chronic Valvular Heart Disease	2 yrs
Due to	
Due to	
Other conditions Bright's Disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin
M. D. or other

Address Randallstown Date signed 9/10/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

08828

Reg. Dist. No. 4-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 10 Northshire Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Eunice Z. Tate

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Robert J. H. Tate
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1873

8. AGE: Years	Months	Days	If less than one day
66	6	27	hrs. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Otho Webb
13. Birthplace Va

MOTHER 14. Maiden name Mary Ann Davis
15. Birthplace Va

16. Informant Mrs Ethel M Brown
Address 10 Northshire Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6 1939 (month) (day) (year)

Cemetery or crematory Western
Location Edmondson Ave

18. Funeral director William M. Mareck
Address 715 Light St.

19. 9/4 19 39 (Date rec'd by registrar)

Registrar

Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2nd 1939 4:15 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from 19 to 19
~~and that I last saw h alive~~ on 19

Immediate cause of death	DURATION
Coronary thrombosis	
Due to Senile degeneration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. J. Mayer Dept P.M. M.D.
M. D. or other
Address Riderwood Md Date signed 9-2-39

W. McCormick Reg

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08829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (Meridale)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 619 Orpington Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville (Meridale) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 619 Orpington Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Eliza J Taylor

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John T Taylor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 29 1854

8. AGE: Years 85 | Months | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace: Georgetown Del
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: James P W Kollock
13. Birthplace: Delware

MOTHER
14. Maiden name: Mary A Derrickson
15. Birthplace: Del.

16. Informant: Clarence M Taylor

Address: 619 Orpington Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20, 1939 (month) (day) (year)

Cemetery or crematory: Union (Georgetown Del)

Location: Georgetown Del.

18. Funeral director: William Cook

Address: 1217 St Paul St.

19. 9/19 (Date rec'd by registrar) 1939 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18/39 1939, at 6 30/9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1939 to Sept 15 1939 and that I last saw her alive on Sept 15 1939

Immediate cause of death: Chronic valv heart dis Diabetes mellitus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE Ernest H. Rahn, M. D.
M. D. or other

Address 1725 Pop Mt. St Date signed 9/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 42

CERTIFICATE OF DEATH

08830

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Point Pleasant Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) 7 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Point Pleasant Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 13½ years

3 (a) **FULL NAME** Irene Rose Towle

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 29, 1924

8. AGE: Years 15 | Months 1 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Hull, England (Town, county, and state)

10. Usual occupation At School

11. Industry or business ____

FATHER

12. Name Samuel Towle

13. Birthplace Hull, England

MOTHER

14. Maiden Name Irene Broom

15. Birthplace Hull, England

16 (a) Informant Mr. Samuel Towle

(b) Address Point Pleasant Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director F. Lauenheimer

(b) Address 7401 Belair Road

19 (a) 9/14/39 (Date rec'd by registrar) (b) Mrs. L. A. Fentz Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 14th 19 39 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 19 39, to Sept 14 19 39, and that I last saw him alive on Sept. 14 19 39.

Immediate cause of death	Duration
Lobar Pneumonia	4 days
Bronchial Intestitial, due to	4 days
Rheumatic heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? ____

(e) Means of injury —

23. **Signature** Samuel Silverfield M. D. or other

Address 714 E. Preston St Date signed 9/14/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (952) Reg. Dist. No. 31

CERTIFICATE OF DEATH

68831

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Belmont & Rolling Rds Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Woodlawn
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodlawn Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Belmont & Rolling Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mary E Tucker

3 (b) If veteran, name war ( ) | 3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife C W Tucker
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 2 1862

8. AGE: Years	Months	Days	If less than one day
77	7	12	____hr. ____min.

9. Birthplace Balto Co Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Glick
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Durst
15. Birthplace maryland

16 (a) Informant C W Tucker
(b) Address R D Woodlawn md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown md

18 (a) Funeral director C M Waltz
(b) Address Winfield

19 (a) Sept 14 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 14 1939, at 8.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939, to Sept 14 1939, and that I last saw him alive on Sept 13 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 wks
Due to Cardio vascular disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm E Martin M. D. or other
Address Randallstown Date signed 9/15/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

08832

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 0 yrs., 0 mos., 2 das.

Stay in this community (yrs., or mos., or days) 0 yrs., 0 mos., 2 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 715 S. Durham Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Urbanowski

3. (b) Social Security Number: 213-01-4458

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Tillie Urbanowski

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): January 8, 1902

8. AGE:

Years	Months	Days	If less than one day
37	8	1	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Stevedore

11. Industry or business:

FATHER
12. Name: Frank Urbanowski
13. Birthplace: Germany

MOTHER
14. Maiden name: Dory Franklin
15. Birthplace: Germany

18. Informant: Eleanor Pearson
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 13, 1939 (month) (day) (year)

Cemetery or crematory: Holy Rosary Cemetery

Location: Baltimore, Maryland

18. Funeral director: M. F. Sadowski & Sons

Address: 1808 Eastern Ave., Baltimore, Md.

19. Sept. 9, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9, 1939, at 1.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 7, 1939, to Sept. 9, 1939, and that I last saw him alive on September 9, 1939

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Since July 1938

Due to: ____ — DURATION: ____

Due to: ____ — DURATION: ____

Other conditions: Accidental Pneumothorax — DURATION: Sept. 5, 1939
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed 9/9/39

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SEP 16 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-c

08833

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Rodgers Forge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 315 Hopkins Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rodgers Forge Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 315 Hopkins Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Sydney Warfield

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Caleb B. Warfield

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 24, 1854

8. AGE: Years: 85 Months: 5 Days: 21 If less than one day: hrs. min.

9. Birthplace: Anne Arundel County, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Rufus Benson
13. Birthplace: Glen Burnie, Maryland

MOTHER
14. Maiden name: Catherine Harman
15. Birthplace: Anne Arundel County, Md.

16. Informant: Mrs. Stanley DeMoss
Address: 2210 Roslyn Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/18/39 (month) (day) (year)

Cemetery or crematory: Friendship, A. A. Co., Md.

Location: A. A. Co., Md.

18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Penna. Avenues

19. Sept 15 1939 (Date rec'd by registrar) Jill Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 15th 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 12th 1939, to September 14th 1939 and that I last saw her alive on September 14th 1939.

Immediate cause of death:

Due to: Chronic Myocarditis

Due to:

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. Eldred Roberts M. D. or other
Address: 6100 York Road Date signed: 9/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (79-C) Reg. Dist. No. 35

08834

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Bentley Springs (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Bentley Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Webster Wilson.

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Veletta Wilson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1863.

8. AGE: Years 75 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Parkton, Md. R.D. (Town, county, and state)

10. Usual occupation Laborer on track

11. Industry or business Railroad

FATHER 12. Name John Wesley Wilson

13. Birthplace Unknown

MOTHER 14. Maiden Name Delilah Downs

15. Birthplace Unknown.

16 (a) Informant Paul Wilson

(b) Address Bentley Springs Md.

17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof 9/18/39 (month) (day) (year)

(c) Cemetery or crematory New Freedom

Location New Freedom Pa.

18 (a) Funeral director R. A. Probert

(b) Address Freeland, Md. R.D.

19 (a) Sept 17 (Date rec'd by registrar) (b) Samuel L. Willis Registrar

MEDICAL CERTIFICATION

20. Date of death September 15, 1939 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to Sept 15 1939, and that I last saw him alive on Sept 15 1939.

Immediate cause of death	Duration
1. Myocarditis	
Due to 2. Cerebral Embolism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. France M. D. or other

Address Carlton, Md. Date signed 9/17/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08835

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Elizabeth Wood If U. S. Veteran, specify WAR NO

(a) Residence: No. 1635 Abbottston St St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fewal

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hindley L Wood.

6. DATE OF BIRTH (month, day, and year) June 18, 1894

7. AGE Years 45 Months 3 Days 12 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lobslady

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Shoe Store

10. Date deceased last worked at this occupation (month and year) August 1938

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry W Weitzel

14. BIRTHPLACE (city or town) (State or country) Balt.

MOTHER

15. MAIDEN NAME Catherine Berner

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Personal History--Hospital Records

(Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~

Place Parkwood Date Oct. 3, 1939

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Sept 30, 1939 W Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938 to September 30, 1939

I last saw her alive on September 30, 1939; death is said to have occurred on the date stated above, at 10:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1937

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) N A Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

(3)

CERTIFICATE OF DEATH

08836

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Fort Howard (rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
28 Fort Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days): None

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md (b) County: Baltimore

(c) City or town: Fort Howard (rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 28 Fort Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: George Yeager

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1939

8. **AGE:** Years: Stillborn | Months | Days | If less than one day: _____hr. _____min.

9. Birthplace: Fort Howard, Md
(Town, county, and state)

10. Usual occupation: ------

11. Industry or business

FATHER

12. Name: John Millard Yeager

13. Birthplace: Phila., Pa

MOTHER

14. Maiden Name: Gertrude Catherine Pearce

15. Birthplace: Phila., Pa,

16 (a) Informant: Gertrude Yeager

(b) Address: As above

17 (a) Private (Burial, cremation, or removal) (b) Date thereof _____ (month) (day) (year)

(c) Cemetery or crematory _____

Location _____

18 (a) Funeral director _____

(b) Address _____

19 (a) Sept 4 '39 (Date rec'd by registrar) (b) Dawson L. Harbin Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death: Sept 3, 1939, at 4.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death	Duration
Stillborn	
Due to: Premature birth (4 months)	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Louis J. Tollin M.D. (M. D. or other)

Address: Sparrows Point. Date signed: 9/3/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 43

CERTIFICATE OF DEATH

08837

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Hazelwood Ave. & Jack's Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Hazelwood Ave. & Jack's Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME David Allen Young

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 5, 1937

8. AGE: Years 2 | Months 0 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Laurence E. Young

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Sophie M. McElroy

15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Laurence Young

(b) Address Hazelwood Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 9/39 (month) (day) (year)

(c) Cemetery or crematory ~~BALTIMORE CEM.~~ Loudon Park

Location END OF NORTH AVE.

18 (a) Funeral director Lilly & Keiler Inc

(b) Address 403 S. WOLFE ST.

19 (a) 9/7/39 (Date rec'd by registrar) (b) Mr. S. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death September 6 1939, at 3:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4, 1939, to Sept. 6, 1939, and that I last saw him alive on Sept. 6, 1939.

Immediate cause of death	Duration
Lobar Pneumonia	6 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Wilkinson M. D. or other

Address 5713 Bel Air Rd. Date signed 9-6-'39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 95

(92a)

08838

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Balto Parkton Md.

(b) City or town _____ (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: _____

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____

(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md (b) County Balto

(c) City or town Parkton (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George C. Young

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Ellen Smith

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 5th 1852

8. AGE: Years 87 | Months | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Balto City (Town, county, and state)

10. Usual occupation Retired fireman

11. Industry or business

FATHER

12. Name Wm G. Young

13. Birthplace Balto City

MOTHER

14. Maiden Name Young

15. Birthplace Hollins Balto Co

16 (a) Informant Geo H. Young

(b) Address 113 Belmar Av. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto

18 (a) Funeral director L. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) Sept 22nd (Date rec'd by registrar) (b) Milner Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 22nd 1939, at 11 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939, to Sept 23 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death	Duration
Chronic Valvular Heart	3 yrs
Due to disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Milner Bortner M.D. M. D. or other

Address White Hall Date signed Sept 22, 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.